

Date: Friday 28 July 2023 at 10.00 am

Venue: Jim Cooke Conference Suite, Stockton Central Library, Stockton On Tees
TS18 1TU

Cllr Marc Besford (Chair)
Cllr Rachel Creevy (HBC) (Vice-Chair)

Cllr Jonathan Brash (HBC)
Cllr Christine Cooper (MC)
Cllr Lynn Hall
Cllr Mary Layton (DBC)
Cllr Vera Rider (R&CBC)
Cllr Susan Scott
Cllr Jeanette Walker (MC)

Cllr Ceri Cawley (R&CBC)
Cllr Brian Cowie (HBC)
Cllr Neil Johnson (DBC)
Cllr Paul McInnes (R&CBC)
Cllr Jan Ryles (MC)
Cllr Lorraine Tostevin (DBC)

AGENDA

- 1 Appointment of Chair for 2023-2024**
- 2 Appointment of Vice-Chair for 2023-2024**
- 3 Evacuation Procedure** (Pages 7 - 8)
- 4 Apologies for Absence**
- 5 Declarations of Interest**
- 6 Minutes**
To approve the minutes of the last meeting held on 16 December 2022 (Pages 9 - 14)
- 7 Notes of the meeting held on 17 March 2023** (Pages 15 - 20)
- 8 Tees Valley Joint Health Scrutiny Committee - Protocol and Terms of Reference** (Pages 21 - 26)
- 9 Tees Valley Breast Care Services** (Pages 27 - 40)
- 10 Tees Valley Community Diagnostic Centres**

To consider an update on developments within the Tees Valley in relation to Community Diagnostic Centres. (Pages 41 - 52)

11 North East Ambulance Service NHS Foundation Trust - CQC Inspections / Independent Review

To consider the Trust's response to its recently published Care Quality Commission (CQC) inspection reports and the independent review of the Trust commissioned by NHS England. (Pages 53 - 70)

12 Tees, Esk and Wear Valleys NHS Foundation Trust - Lived Experience Directors

To consider an update on the role and impact of the Trust's Lived Experience Directors. (Pages 71 - 82)

13 Work Programme 2023-2024

To agree the Committee's work programme for 2023-2024. (Pages 83 - 86)

Members of the Public - Rights to Attend Meeting

With the exception of any item identified above as containing exempt or confidential information under the Local Government Act 1972 Section 100A(4), members of the public are entitled to attend this meeting and/or have access to the agenda papers.

Persons wishing to obtain any further information on this meeting, including the opportunities available for any member of the public to speak at the meeting; or for details of access to the meeting for disabled people, please

Contact: Senior Scrutiny Officer on email gary.woods@stockton.gov.uk

KEY - Declarable interests are:-

- Disclosable Pecuniary Interests (DPI's)
- Other Registerable Interests (ORI's)
- Non Registerable Interests (NRI's)

Members – Declaration of Interest Guidance



Table 1 - Disclosable Pecuniary Interests

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and property	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
Corporate tenancies	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners have a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2 – Other Registerable Interest

You must register as an Other Registrable Interest:

- a) any unpaid directorships
- b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority
- c) any body
 - (i) exercising functions of a public nature
 - (ii) directed to charitable purposes or
 - (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management

Jim Cooke Conference Suite, Stockton Central Library **Evacuation Procedure & Housekeeping**

If the fire or bomb alarm should sound please exit by the nearest emergency exit. The Fire alarm is a continuous ring and the Bomb alarm is the same as the fire alarm however it is an intermittent ring.

If the Fire Alarm rings exit through the nearest available emergency exit and form up in Municipal Buildings Car Park.

The assembly point for everyone if the Bomb alarm is sounded is the car park at the rear of Splash on Church Road.

The emergency exits are located via the doors between the 2 projector screens. The key coded emergency exit door will automatically disengage when the alarm sounds.

The Toilets are located on the Ground floor corridor of Municipal Buildings next to the emergency exit. Both the ladies and gents toilets are located on the right hand side.

Microphones

During the meeting, members of the Committee, and officers in attendance, will have access to a microphone. Please use the microphones, when directed to speak by the Chair, to ensure you are heard by the Committee.

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TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

Friday, 16 December 2022

PRESENT – Councillors Layton (Chair), Newall, Mrs H Scott, Creevy, Hellaoui, Cunningham, Gamble and Hall

APOLOGIES – Councillors Cook, Smith, Blades, Rees, Smith and Watts

ALSO IN ATTENDANCE – Martin Short (North East and North Cumbria Integrated Care Board), Craig Blair (North East and North Cumbria Integrated Care Board), Karen Hawkins (North East and North Cumbria Integrated Care Board), Dr Chris Lanigan (Tees, Esk and Wear Valleys NHS Foundation Trust), Avril Lowery (Tees, Esk and Wear Valley NHS Foundation Trust), Mark Cotton (North East Ambulance Service), Stephen Segasby (North East Ambulance Service), Patrick Scott (Tees, Esk and Wear Valley NHS Foundation Trust) and Sarah Gill (Tees, Esk and Wear Valley NHS Foundation Trust)

OFFICERS IN ATTENDANCE – Hannah Miller (Democratic Officer), Alison Pearson (Governance Manager), Gemma Jones (Scrutiny and Legal Support Officer) and Gary Woods (Scrutiny Officer)

TVH17 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

TVH18 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 23 SEPTEMBER 2022

Submitted – The Minutes of the meeting of this Scrutiny Committee held on 23 September 2022.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 23 September 2022 be approved as a correct record.

TVH19 WINTER PLANNING, INTEGRATED URGENT CARE ENGAGEMENT, VACCINATION AND PRIMARY CARE ACCESS - UPDATE

The Director, North East and North Cumbria Integrated Care Board gave a presentation (previously submitted) updating Members on winter planning, Integrated Urgent Care engagement, vaccinations and Primary Care access.

It was reported that the Tees Valley Urgent and Emergency Care (UEC) system had remained under significant pressure, with no reduction in demand during the spring/summer months; this pressure was impacting performance across all providers; and the contributing factors creating the pressure across the system were outlined.

Reference was made to the Tees Valley Local Accident and Emergency Delivery Board (LAEDB) in place as a requirement of NHS England and Improvement, to assess preparedness for winter against 33 national priorities. Members noted that 15 priorities were in place, 7

priorities had actions in place and were on track to be implemented within timeframes, and 11 priorities had risks associated with their delivery.

The presentation provided details of the initiatives in place to address the following aims; better support people in the community, deliver on ambitions to maximise bed capacity, ensure timely discharge, continuing to support elective activity, infection prevention and control measures, staff vaccinated health care and oversight and incident management arrangements. Reference was also made to the current projects underway to provide support this winter and additional schemes that had been identified. Members noted the current and emerging issues being focused on by the UEC Managed Clinical Network.

Members were provided with a reminder of the proposed new model of integrated urgent care for Middlesbrough and Redcar and Cleveland; an 11 week period of engagement was undertaken between 1 August and 16 October 2022; and the methods of engagement were outlined along with response figures and demographics.

Members noted the additional responses received; that engagement had shown there to be a high level of support for the proposals, with considerations required for a number of factors including accessibility and parking at James Cook University Hospital, capacity and staffing of the new model.

In relation to vaccinations Members were informed of seasonal flu and covid booster vaccination figures for the Tees Valley, including care home residents uptake. It was reported that uptake was lowest in areas of deprivation with uptake at under 30 per cent for flu and under 40 per cent for covid vaccinations; and reference was made to vaccine fatigue and the actions undertaken in the Tees Valley to address this.

Details were provided of the vaccination uptake for frontline healthcare workers, which had seen a reduction when compared to previous years, with flu vaccinations at 48 per cent across the North East and Cumbria and covid vaccinations at 46.7 per cent for frontline healthcare workers and 40.4 per cent for frontline social care workers.

The presentation also provided Members with an overview of primary care in the Tees Valley, with details provided of the configuration and the contract requirements for practices; reference was also made to the Primary Care Network Contract Directed Enhanced Services (DES).

Details were provided of the findings of the GP Patient survey 2022; causes of access challenges were outlined; and improvements to access included increased practice workforce and increased PCN workforce, with 204 staff funded across the Tees Valley from Additional Role Reimbursement Scheme.

Members were also provided with details of additional access to GP appointments on Sundays and Bank Holidays through a Winter Resilience scheme commissioned by the ICB; and the further support to improve access was outlined.

Discussion ensued regarding potential accessibility issues associated with the urgent care facility at James Cook University Hospital; and following a question Members were advised that a Workforce Planning Group was in place for the Tees Valley, working to identify

methods to improve recruitment and that virtual wards were an area of growth for the NHS.

Concern was raised by Members regarding vaccination uptake, in particular for healthcare workers; Members were informed that whilst vaccinations were not mandated, a range of targeted work was being undertaken to improve uptake.

RESOLVED – That the update be noted.

TVH20 NORTH EAST AMBULANCE SERVICE PERFORMANCE UPDATE

The Chief Operating Officer and Assistant Director of Communications, North East Ambulance Service (NEAS) submitted a report (previously circulated) providing Members with a performance review for NEAS performance. A presentation accompanied the report.

It was reported that the NHS 111 call triage volume was significantly higher when compared to the previous year; that an additional 10,000 calls were received in October compared with the previous month; that average time to answer calls had increased as a result; and despite call volumes, there had been improved performance when compared to Quarter 1 in the previous year. Members were advised that significant investment had enabled over 100 additional health advisors to manage the increase in call volumes, with an expansion of the Billingham emergency operations centre.

Details were provided for 999 incident volumes, which had seen a significant increase; Members noted that the Category 1 response time target was being met and Tees Valley was performance better than the Trust as a whole; the response time target for Category 2 calls was not being met; and NEAS benchmark performance for all category calls was outlined. Reference was also made to See and Treat rates, with rates across the Tees Valley being higher than the service average.

It was reported that the average hospital handover time for NEAS in October was 30 minutes; that 21 per cent of handovers were completed within the 15 minute target timeframe; and that a pilot scheme in North Tees was seeking to reduce unnecessary hospital admission. The patient transport performance was also outlined.

Members were informed that the Trust had seen an increase in assaults and abuse of staff with alcohol being the main contributing factor; and that measures were in place to protect and support staff.

Discussion ensued regarding the patient transport performance and time on vehicles over 60 minutes; and following a question regarding abuse and violence towards staff, the Chief Operating Officer assured Members that all incidents were reported via an internal reporting system and the range of measures in place to support staff were outlined. Members requested figures for abuse and violence towards staff.

Discussion also ensued regarding patient attendance at hospitals; the impact of handover delays on the outcome of category 1 calls; and following a question Members were informed that a regional deflection process was in place for periods of significant delays. Details were also provided on the management of staff morale, which included the recruitment of a

Mental Health Practitioner, access to counselling services and a welfare car to provide support crews during periods of delays for hospital handover.

Following a question regarding resources, the Chief Operating Officer advised Members that funding into the service was adequate, however due to the wider system pressures, a significant increase in staffing numbers would be required to improve the performance of the service. Members suggested that an update regarding funding for the service be provided at a future meeting

RESOLVED – That the update be noted.

TVH21 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - QUALITY ACCOUNT Q2 UPDATE

The Associate Director of Quality Governance, Compliance and Quality Data and Associate Director of Strategic Planning and Programmes and , Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) gave a presentation (previously circulated) updating Members on the TEWV Quality Accounts.

It was reported that the Quality Account had 3 improvement actions, Personalising care planning, improving safety on wards and implementing the new National Patient Safety Incident Framework; that of the 16 actions that underpinned the improvement actions, 9 were on track with 4 fully complete, whilst 4 were off track but due to be completed by the end of the financial year and 3 were red and would not be completed in this financial year.

The presentation outlined the details of performance against the quality metrics for Quarter 1 and Quarter 2; and reference was made to the Trusts quality and safety journey.

Concerns were raised regarding physical interventions. Members noted that the increase was due to a small number of patients; that there had been a decrease in prone restraints; and this was a key safety priority for the Trust. It was suggested that a Members briefing be arranged on interventions. Members also requested that benchmarking data be included in future reports to Scrutiny and that trends in relation to the Quality Metric performance be shared with Members.

Concern was also raised in respect of the Quality Metric ‘percentage of patients who report ‘yes, always’ to the question ‘Do you feel safe on the ward?’’. Members were assured that this was being addressed through a number of initiatives; that a range of methods were used to gather information on the wards; and Lived Experience Directors had been appointed to ensure the voice of service users and carers/parents were being captured. It was suggested that an update be provided by the Lived Experience Directors at a future meeting of this Scrutiny Committee.

RESOLVED – That the report be noted.

TVH22 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - CQC INSPECTION UPDATE

The Managing Director Durham Tees Valley and Forensics, Tees, Esk and Wear Valley NHS Foundation Trust gave a presentation (previously circulated) providing Members with an

update on the CQC inspection.

Details were provided of the re-inspection of CAMHS and SIS in July 2022; the CAMHS re-inspection had seen an improvement in the Safe domain which had been re-rated from inadequate to Requires Improvement; and significant improvements had been noted following the SIS re-inspection, however concerns remained in the Safe domain.

It was reported that a full inspection of the Adult Learning Disability (ALD) Services was undertaken in June 2022 following response to concerns identified by the CQC; and the service, which had previously been rated as good overall was re-rated as inadequate.

The presentation outlined the key messages of the CQC inspection report for the ALD Services, including areas of good practice and actions to be undertaken to improve services; and Members were informed that prior to the inspection, the Trust had commissioned Mersey Care NHS Foundation Trust to undertake a review of the services. Members noted that at the time of the review, in February 2022, the inpatient services had been closed to admissions and to date, no further inpatient admissions had been received into the service.

The key findings from the Mersey Care review were outlined for culture and patient care; an improvement programme had been developed with over 100 actions focusing on workforce, restrictive practice, models of care and governance; and details were provided of the key improvements made by the Trust to the service.

Members sought assurance that safety was a priority for the Trust; discussion ensued regarding staff feedback and the ability of staff to report concerns, with Members noting the steps taken at Lanchester Road to address concerns; and Members were advised that the quality assurance framework in place across the Trust ensured oversight across all services within the Trust, and a quality assurance programme allowed for external oversight and scrutiny.

RESOLVED – That the update be noted.

TVH23 WORK PROGRAMME

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme for the remainder of the 2022/23 Municipal Year.

A number of items were suggested for inclusion on the work programme, this included updates on Lived Experience Directors, Respite Provision and a Member briefing on Physical Interventions.

RESOLVED – That the work programme be updated to reflect discussions.

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TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

Friday, 17 March 2023

PRESENT – Councillors Layton (Chair), Mrs H Scott, Creevy, Watts, Cunningham and Hall

APOLOGIES – Councillors Cook, Smith, Blades, Hellaoui, Rees and Smith

ABSENT – Councillors Marshall and Gamble

ALSO IN ATTENDANCE – Craig Blair (North East and North Cumbria Integrated Care Board), Pauline Fletcher (NHS England and NHS Improvement - North East and Yorkshire), Tom Robson (Durham and Darlington and Tees Local Dental Network), Dr Kamini Shah, Avril Lowery (Tees, Esk and Wear Valley NHS Foundation Trust) and Dominic Gardner (Tees, Esk and Wear Valley NHS Foundation Trust)

OFFICERS IN ATTENDANCE – Hannah Miller (Democratic Officer), Gemma Jones (Scrutiny and Legal Support Officer), Gary Woods (Scrutiny Officer), Sarah Connolly and Alistair Walker

NOTE:

As the meeting was inquorate for items TVH25, TVH27, TVH28, TVH29 and TVH30, no formal decisions were made for these items.

TVH24 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

TVH25 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 16 DECEMBER 2022

Submitted – The Minutes of the meeting of this Scrutiny Committee held on 16 December 2022.

TVH26 UPDATE ON NHS DENTAL SERVICES - TEES VALLEY

The Senior Primary Care Manager (Primary Care Dental Commissioning Lead – North East and North Cumbria), NHS England – North East and Yorkshire, Chair of Durham and Darlington and Tees Local Dental Network and Consultant in Dental Public Health, NHS England – North East and Yorkshire gave a presentation (previously circulated) updating Members on NHS Dentistry in the Tees Valley.

In providing a summary overview of NHS dentistry, Members were advised that as part of the NHS Dentistry offer there was no formal registration of patients with dental practices and as such a patient could contact any NHS dental practice to access care; dental contracts and provision were activity and demand led; contract regulations set out contract currency which was measured in units of dental activity (UDA) and these were attributable to a banded course of treatments; NHS dentistry regulations did not prohibit the provision of private

dentistry by NHS dental practices; and as a result of the prolonged COVID-19 pandemic period and the requirement for NHS dental practices to follow strict infection prevention and control guidance, a backlog demand for dental care remained high with the urgency and increased complexity of patient clinical presentation.

Reference was made to the commissioned capacity for general dental services and Primary Care Orthodontic Services across the Tees Valley; Members were advised of the additional services commissioned by NHS England; Members were informed that Burgess and Hyder Group Partnership practice operating from Firthmoor Community Centre in Darlington had handed back their contract as of 31 March 2023; and that procurement was underway to increase capacity for Primary Care Orthodontic Services in Redcar and Cleveland. Details were also provided for the other services commissioned by NHS England.

The continuing pressures and challenges were outlined, these included Covid-19 impacts, dental workforce recruitment and retention and NHS dental contract and system reform, with details were provided of the national package of initial reforms to the NHS dental contract, which were published by NHS England in July 2022.

Details were provided of the local actions taken to date, including incentives for all NHS dental practices to prioritise patients that were struggling to access an NHS practice and that presented with an urgent dental care need; encouraging practices to maintain short notice cancellation lists; investment into the provision of additional dental clinical triage capacity; and additional funding made available to practices who were able to offer additional clinical capacity above their contracted levels. Members noted that this scheme was extended into 2022/23 and that 13 practices across the Tees Valley had signed up, an increase from 7 practices in 2021/22.

Members also noted that engagement had been undertaken with dental providers where contracts had been handed back and that interest had been generated following an improved offer; Darlington had been identified as a priority area for the recently launched workforce recruitment and retention initiatives; a funded advert had been placed in the British Dental Journal to attract overseas dentists into the area; and work was ongoing with Dental Clinical and Professional Leaders and Health Education North East Partners to further explore opportunities to improve dental workforce recruitment and retention.

Details were provided of the dental decay prevalence trend across the Tees Valley; Members noted the improvements from 2007/08 to 2016/17 and that the areas with lowest dental decay were those with fluoridated water supplies; reference was also made to the uptake of supervised toothbrushing programmes across the Tees Valley; and that a pilot safeguarding dental access referral pathway for children had been launched.

The next steps were outlined and included a review of the impact of the initial national reforms which were introduced from November 2022; the impact of the local initiatives; and continued work with local dental professional leads and wider partners to continue to explore local opportunities in order to improve NHS Dentistry access for patients. Reference was also made to the advice for patients and key messages.

Discussion ensued regarding the recruitment of overseas dentists; Did Not Attend's; and Members raised concern regarding the number of Looked After Children (LAC) not receiving

dental care. Members were informed that specific work was being undertaken with foster parents and LAC in relation to the barriers to access dental care and that the links with Virtual Heads would be explored.

Discussion also ensued regarding fluoridation, Members noted that this was one of the most effective ways to reduce dental decay in the population and that the Secretary of State for Health was progressing the agenda; and Members requested details of the schools that had signed up to the supervision toothbrushing programme.

RESOLVED – That the Senior Primary Care Manager (Primary Care Dental Commissioning Lead – North East and North Cumbria), NHS England – North East and Yorkshire, Chair of Durham and Darlington and Tees Local Dental Network and Consultant in Dental Public Health, NHS England – North East and Yorkshire be thanked for their informative update.

TVH27 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - QUALITY ACCOUNT

The Director of Quality Governance, Tees, Esk and Wear Valley NHS Foundation Trust Gave a presentation updating Members on Tees, Esk and Wear Valley NHS Foundation Trust quality journey and quality improvement priorities for 2023/24.

It was reported that the National Quality Board had refreshed the definition of quality, a shared single view of quality where people working in systems deliver care that is safe, effective, a positive experience – responsive and personalized, well led, sustainably resourced and equitable; reference was made to the NHS Patient Safety Strategy which had been published in 2021 and was underpinned by Insight, Involvement and Improvement; and the three goals for the Trust’s journey to change were outlined.

In relation to the Trust’s quality journey to safer care, it was reported that the key areas of focus were suicide prevention and self harm reduction, reducing physical restraint and seclusion, promoting harm free care, improving psychological and sexual safety and providing a safe environment and promoting physical health; and the key actions to achieve the Trust’s goals for each area of focus were outlined. Particular reference was made to the implementation of the national patient safety incident reporting which had a mandated deadline of September 2023.

The presentation outlined the key actions being undertaken to deliver on the Trust’s key areas of focus for their journey to effective care; Members noted that each service would have a suite of clinical outcome measures and patient reported outcomes in place; and a key priority was the digital systems and solutions, with CITO going live in the summer; and the key actions being undertaken to deliver on the Trust’s key areas of focus for their journey to excellence in patient experience and involvement were also outlined.

Details were provided of the quality and learning dashboard; Members were informed of the positive response in relation to the Friends and Family Test, with 91 per cent of people rating the Trust’s services as good or very good; and a positive and safe dashboard had been developed, showing the individual detail for each patient.

The presentation outlined the key quality markers and details of performance against the quality metrics for Quarters 1 to 3 2022/23. In relation to the quality metric – Number of

incidents of physical intervention/restraint per 1000 bed days, Members were advised that whilst this remained above target, it had started to reduce and 75 per cent of the incidents related to Learning Disability services, mostly relating to one patient. Members were assured that the Trust were working with Mersey Care to reduce restrictive interventions and promote the least restrictive practices and that levels had decreased by 50 per cent in the last three months for that individual.

Reference was also made to the quality metric – Percentage of patients who report ‘yes, always’ to the question ‘Do you feel safe on the ward?’ which was not achieving its target; details were provided of the work being undertaken to improve performance, including focus groups, and the range of key factors identified to help patients to feel safe were outlined. Members also noted that a programme of work had commenced which included block booking agency staff, enhanced recruitment and additional peer support workers, activity coordinators and gym instructors.

In relation to the quality metric – Percentage of patients who reported their overall experience as very good or good, Members were informed that patients experience had been impacted by increased length of stay as a result of challenges in securing accommodation for patients and that the Trust worked closely with Local authorities in trying to address this issue.

The key quality risks, the key actions from the 3 published Niche reports and learnings about patient safety from West Lane Hospital were outlined; and details were provided of the Quality Account improvement priorities.

Discussion ensued regarding the Trust’s ability to deliver on all of the actions identified to deliver on the priority for safer care; Members were assured that these were long term actions and that continuous improvements were being made. Members were also advised that positive developments had been made in the community and a video demonstrating engagement of the voluntary sector could be shared with Members.

Members raised concern regarding the Trust’s performance against the quality metrics and were disappointed to note that the electronic system had not yet gone live; discussion also ensued regarding the actions undertaken following the focus groups; Members requested benchmarking with other trusts; and following a question, Members were informed that personalized care plans were recognized as best practice and there was a key focus on lived experience.

TVH28 COMMUNITY DIAGNOSTIC CENTRES

Item deferred to the next meeting of this Scrutiny Committee.

TVH29 CLINICAL SERVICES STRATEGY UPDATE

The Director, North East & North Cumbria Integrated Care Board submitted a presentation (previously circulated) updating Members on the Clinical Services Strategy.

It was reported that the Clinical Strategy aimed to continue to build on the work started under the Better Health Programme; the programme remained focused on the improvement

and sustainability of acute hospital services; and that the wider partnership approach had been key to ensure service proposals were embedded within the agreed governance.

The presentation outlined the aims and objectives of the strategy; details were provided of the different workstreams and the workstream achievements over the last 18 months; and that moving forward, work was continuing within each of the clinically led workstreams to reconfirm the strategic intent, detail next steps and ensure sufficient and appropriate capacity to support work progression.

The ICB would continue to provide updates to this Scrutiny Committee in relation to developments and progress with the strategy.

TVH30 WORK PROGRAMME

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme for the remainder of the 2022/23 Municipal Year.

Members suggested the inclusion of male suicide on the work programme.

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DARLINGTON
Borough Council



Protocol for the Tees Valley Health Scrutiny Joint Committee

1. This protocol provides a framework for carrying out scrutiny of regional and specialist health services that impact upon residents of the Tees Valley under powers for local authorities to scrutinise the NHS outlined in the NHS Act 2006, as amended by the Health and Social Care Act 2012, and related regulations.
2. The protocol will be reviewed as soon as is reasonably practicable, at the start of each new Municipal year. Minor amendments to the protocol that do not impact on the constitutions of the constituent Tees Valley Authorities will be determined by the Joint Committee at the first meeting in each Municipal year. An amended protocol, following agreement from the Tees Valley Health Scrutiny Joint Committee will be circulated for information to:-

Tees Valley Local Authorities

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

NHS England Area Teams

4. Durham, Darlington and Tees Area Team.

NHS Foundation Trusts

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

Integrated Care Board

6. North East and North Cumbria ICB.

Tees Valley Health Scrutiny Joint Committee

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

Membership

8. When holding general meetings, the Joint Committee will comprise 3 Councillors from each of the Tees Valley Local Authorities (supported by appropriate Officers as necessary) nominated on the basis of each authority's political proportionality, unless it is determined by all of the constituent Local Authorities that the political balance requirements should be waived.
9. The terms of office for representatives will be one year from the date of their Authority's annual council meeting. If a representative ceases to be a Councillor, or wishes to resign from the Joint Committee, the relevant council shall inform the Joint Committee secretariat and a replacement representative will be nominated and shall serve for the remainder of the original representative's term of office.
10. To ensure that the operation of the Joint Committee is consistent with the Constitutions of all Tees Valley Authorities, those Authorities operating a substitution system shall be entitled to nominate substitutes. Substitutes (when not attending in place of the relevant Joint Committee member, and exercising the voting rights of that member) shall be entitled to attend general or review meetings of the Joint Committee as non-voting observers in order to familiarise themselves with the issues being considered.
11. The Joint Committee may ask individuals to assist it on a review by review basis (in a non-voting capacity) and may ask independent professionals to advise it during a review.
12. The quorum for general meetings of the Joint Committee shall be 6, provided that 3 out of 5 authorities are represented at general meetings. The quorum for Tees-wide review meetings, in cases where some Authorities have chosen not to be involved, shall be one third of those entitled to be present, provided that a majority of remaining participating authorities are represented. Where only 2 authorities are participating both authorities must be represented.
13. The Joint Committee will conduct health reviews which impact upon residents of the whole of the Tees Valley. If however one or more of the Councils decide that they do not wish to take part in such Tees-wide reviews, the Joint Committee will consist of representatives from the remaining Councils, subject to the quorum requirements in paragraph 12.
14. Where a review of a 'substantial development or variation' will only affect the residents of part of the Tees Valley, Councils where residents will not be affected will not take part in any such review. In such cases, the Joint Committee will liaise with the Councils where residents will be affected, in order to assist in establishing a separate joint body (committee) to undertake the review concerned. The composition of the committee concerned may include representatives from other Local Authorities outside the Tees Valley, where the residents of those Authorities will also be affected by the proposed review. The chairmanship, terms of reference, member composition, procedures and any other arrangements which will facilitate the conducting of the review in question will be matters for the joint body itself to determine.
15. It is accepted, however, that in relation to such reviews, the relevant constituent authorities of the committee concerned may also undertake their own health scrutiny reviews and that the outcome of any such reviews will inform the final report and formal consultation response of the committee.

Chair and Vice-Chair

16. The Chair of the Joint Committee will be rotated annually between the Tees Valley Authorities in the following order:-
 - Stockton-on-Tees
 - Hartlepool
 - Redcar & Cleveland
 - Middlesbrough
 - Darlington
17. The Joint Committee shall have a Vice-Chair from the Authority next in rotation for the Chair. At the first meeting of each municipal year, the Joint Committee shall appoint as Chair and Vice-Chair the Councillors nominated by the relevant Councils. If the Chair and Vice-Chair are absent from a meeting, the Joint Committee shall appoint a member to act as Chair for that meeting. The Chair will not have a second or casting vote.
18. Where the Authority holding the Chair or Vice-Chair has chosen not to be involved in a Tees-wide review, the Chair and Vice-Chair of the Joint Committee for the duration of that review will be appointed at a general meeting of the Joint Committee.

Co-option of other Local Authorities

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

Terms of Reference

20. The Joint Committee shall have general meetings involving all the Tees Valley authorities:-
 - To facilitate the exchange of information about planned health scrutiny work and to share information and outcomes from local health scrutiny reviews;
 - To consider proposals for scrutiny of regional or specialist health services in order to ensure that the value of proposed health scrutiny exercises is not compromised by lack of input from appropriate sources and that the NHS is not over-burdened by similar reviews taking place in a short space of time.
21. The Joint Committee will consider any proposals to review regional or specialist services that impact on the residents of the whole Tees Valley area. The aim will be for the Joint Committee to reach a consensus on the issues to be subject to joint scrutiny, but this may not always be possible. In these circumstances it is recognised that each council can conduct its own health scrutiny reviews when they consider this to be in the best interests of their residents.
22. In respect of Tees Valley-wide reviews (including consideration of substantial developments or variations), the arrangements for carrying out the review (eg whether by the Joint Committee or a Sub-Committee), terms of reference, timescale, outline of how the review will progress and reporting procedures will be agreed at a general meeting of the Joint Committee at which all Tees Valley Authorities are represented.

23. The Joint Committee may also wish to scrutinise services provided for Tees Valley residents outside the Tees Valley. The Joint Committee will liaise with relevant providers to determine the best way of achieving this.
24. The basis of joint health scrutiny will be co-operation and partnership within mutual understanding of the following aims:-
 - to improve the health of local people and to tackle health inequalities;
 - ensuring that people's views and wishes about health and health services are identified and integrated into plans and services that achieve local health improvements;
 - scrutinising whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community.
25. Each Local Authority will plan its own programme of health scrutiny reviews to be carried out locally or in conjunction with neighbouring authorities when issues under consideration are relevant only to their residents. This programme will be presented to the Joint Committee for information.
26. Health scrutiny will focus on improving health services and the health of Tees Valley residents. Individual complaints about health services will not be considered. However, the Joint Committee may scrutinise trends in complaints where these are felt to be a cause for concern.

Administration

27. The Joint Committee will hold quarterly meetings. Additional meetings may be held in agreement with the Chair and Vice-Chair, or where at least 6 Members request a meeting. Agendas for meetings shall be determined by the secretariat in consultation with the Chair.
28. Notice of meetings of the Joint Committee will be sent to each member of the Joint Committee five clear working days before the date of the meeting and also to the Chair of the constituent authorities' relevant overview and scrutiny committees (for information). Notices of meetings will include the agenda and papers for meetings. Papers "to follow" will not be permitted except in exceptional circumstances and as agreed with the Chair.
29. Minutes of meetings will be supplied to each member of the Joint Committee and to the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information) and shall be confirmed at the next meeting of the Joint Committee.
30. Meetings shall be held at the times, dates and places determined by the Chair.

Final Reports and Recommendations

31. The Joint Committee is independent of its constituent Councils, Executives and political groups and this independence should not be compromised by any member, officer or NHS body. The Joint Committee will send copies of its final reports to the bodies that are able to implement its recommendations (including the constituent authorities). This will include the NHS and local authority Executives.
32. The primary objective is to reach consensus, but where there are any matters as regards which there is no consensus, the Joint Committee's final report and formal consultation response will include, in full, the views of all constituent councils, with the specific reasons for those views, regarding those matters where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.
33. The Joint Committee will act as a forum for sharing the outcomes and recommendations of reviews with the NHS body being reviewed. NHS bodies will prepare Action Plans that will be used to monitor progress of recommendations.

Substantial Developments or Variations to Health Services

34. The Joint Committee will act as a depository for the views of its constituent authorities when consultation by local NHS bodies has under consideration any proposal for a substantial development of, or variation in, the provision of the health service across the Tees Valley, where that proposal will impact upon residents of each of the Tees Valley Local Authorities.
35. In such cases the Joint Committee will seek the views of its constituent authorities as to whether they consider the proposed change to represent a significant variation to health provision, specifically taking into account:-
 - changes in accessibility of services
 - impact of proposal on the wider community
 - patients affected
 - methods of service delivery
36. Provided that the proposal will impact upon residents of the whole of the Tees Valley, the Joint Committee will undertake the statutory review as required under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013. Neighbouring authorities not normally part of the Joint Committee, may be included where it is considered appropriate to do so by the Joint Committee. In accordance with paragraph 22, the Joint Committee will agree the arrangements for carrying out the Review.
37. Where a review does not affect the residents of the whole of the Tees Valley the provisions of paragraphs 14 and 15 will apply and the statutory review will be conducted accordingly.
38. In all cases due regard will be taken of the NHS Act 2006 as amended by the Health and Social Care Act 2012, and the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013.

Principles for Joint Health Scrutiny

39. The health of Tees Valley residents is dependent on a number of factors including the quality of services provided by the NHS, the local authorities and local partnerships. The success of joint health scrutiny is dependent on the members of the Joint Committee as well as the NHS.
40. The local authorities and NHS bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial and/or disclosable pecuniary interests will be declared in all cases in accordance with the code of conduct and Localism Act 2011.
41. The scrutiny process will be open and transparent in accordance with the Local Government Act 1972 and the Access to information Act 1985 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be considered in private and only if the Joint Committee so decide. Papers of the Joints Committee can be posted on the websites of the constituent authorities as determined by each authority.
42. Different approaches to scrutiny reviews may be taken in each case. The Joint Committee will seek to act as inclusively as possible and will take evidence from a wide range of opinion including patients, carers, the voluntary sector, NHS regulatory bodies and staff associations. Attempts will be made to ascertain the views of hard-to-reach groups, young people and the general public.
43. The Joint Committee will work to continually strengthen links with the other public and patient involvement bodies such as local Healthwatch.
44. The regulations covering health scrutiny require any officer of an NHS body to attend meetings of health scrutiny committees. However, the Joint Committee recognises that Chief Executives and Chairs of NHS bodies may wish to attend with other appropriate officers, depending on the matter under review. Reasonable time will be given for the provision of information by those asked to provide evidence.
45. Evidence and final reports will be written in plain English ensuring that acronyms and technical terms are explained.
46. The Joint Committee will work towards developing an annual work programme in consultation with the NHS and will endeavour to develop an indicative programme for a further 2 years. The NHS will inform the secretariat at an early stage on any likely proposals for substantial variations and developments in services that will impact on the Joint Committee's work programme. Each of the Tees Valley authorities will have regular dialogue with their local NHS bodies. NHS bodies that cover a wide geographic area (e.g. mental health and ambulance services) will be invited to attend meetings of the Joint Committee on a regular basis.
47. Communication with the media in connection with reviews will be handled in conjunction with each of the constituent local authorities' press officers.

TEES VALLEY BREAST CARE SERVICES

Summary

The Committee will receive an update on the continuing developments in relation to Tees Valley Breast Care Services.

Detail

1. The last update in relation to the situation regarding Tees Valley Breast Services was provided to the Committee in December 2021. Slides from the presentation given to Members are included below for background context:

Background

- In October 2015, the Breast Diagnostic Service at James Cook University Hospital (JCUH) was halted due to workforce pressures
- Emergency action was taken to transfer the service to North Tees Hospital to ensure that patients could still receive this crucial service
- The Breast Diagnostic Service (also known as the Breast Symptomatic Service) is available to patients whose GP identifies them to have suspected breast cancer.
- NHS Standards insist that these patients should be seen within 14 days where possible.
- Patients still retain the option to have any subsequent treatment and follow-up appointments at any of the sites across the Tees Valley.

Work undertaken

- In November 2019, South Tees CCG launched a period of engagement looking at Breast Diagnostic Services and how they work for patients in South Tees - Middlesbrough, Redcar and Cleveland areas.
- A press release and poster promoting the engagement activity was created and cascaded to stakeholders along with a link to the survey which was available for all patients who had accessed the Breast Diagnostic Service at University Hospital of North Tees since 1st January 2019, to complete
- Three public and stakeholder events were held; one in Redcar and two in Middlesbrough
- Two focus groups were arranged with two breast cancer support groups - Redcar Breast Cancer Support Group and Positively Pink Breast Cancer Support Group.
- A survey was developed and distributed
- In total 865 individuals contributed to the engagement

Themes from engagement

The Covid-19 Pandemic has halted some of the progress following the patient engagement exercise. Both North and South Tees Trusts have continued to collaborate to maintain the service for patients through very difficult times. Some themes identified from the engagement include;

- The Breast Diagnostic Service was evaluated well by survey respondents with 95% rating the service either good or very good
- Positive comments were made about the high standard of care received, the professionalism of staff, the excellent communication as well as the efficiency of the service.
- A number of respondents expressed their frustration with the closure of the James Cook service
- Linked to the above it was noted that some patients were unaware of the 'one-stop-shop' approach at North Tees, better communication of this would have supported reducing patient frustrations and uncertainty

Next steps

- Tees Valley system partners have agreed to implement and expand the use of innovative 'Free-Flap Surgery' (where appropriate), as part of the Breast Cancer pathway to improve outcomes for patients. This surgery is undertaken at James Cook Hospital and commenced in October 2021.
- The Northern Cancer Alliance has established a Managed Clinical Network for Breast Cancer Services:
The vision of the managed clinical network is to enhance the quality of breast cancer services including breast cancer screening, diagnostics and treatment services, thus enhancing care across organisations; jointly reducing inequality, improving outcomes and patient experience in alignment with the recommendations in the NHS Long Term Plan.
- Future plans for the service model will be progressed through this approach with an initial focus on building capacity and resilience in the breast imaging workforce.

Comments / questions raised by the Committee following the presentation can be accessed via <https://moderngov.middlesbrough.gov.uk/mgAi.aspx?ID=5232>.

2. A further update on the existing position was originally scheduled for the Committee meeting in March 2023, but it was agreed by the Committee Chair to delay this due to the ongoing pressure on NHS clinical teams.
3. Representatives from North East and North Cumbria Integrated Care Board, North Tees and Hartlepool NHS Foundation Trust, and South Tees Hospitals NHS Foundation Trust are scheduled to be in attendance at this meeting to provide Members with an update on these services. A presentation has been prepared and can be found at **Appendix 1**.

Name of Contact Officer: Gary Woods

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Breast Care Services

Tees Valley Joint Health Scrutiny Committee 28th July 2023

Rowena Dean – Acting Chief Operating Officer North Tees & Hartlepool Trust
Kevin Etherson – Clinical Director – Surgery & Urology North Tees & Hartlepool Foundation Trust
Stuart Finn Senior Service Manager – South Tees Foundation Trust
Mike Carr – Consultant Breast Surgeon – South Tees Foundation Trust
Craig Blair - Director of Place Based Delivery – NENC Integrated Health Board

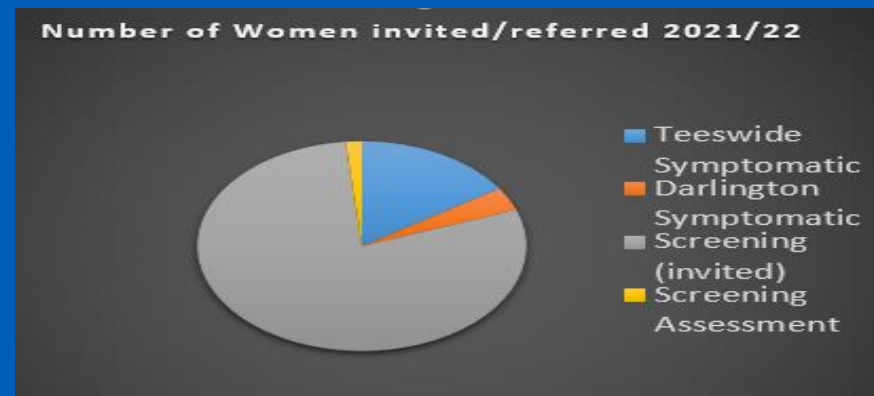
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Purpose

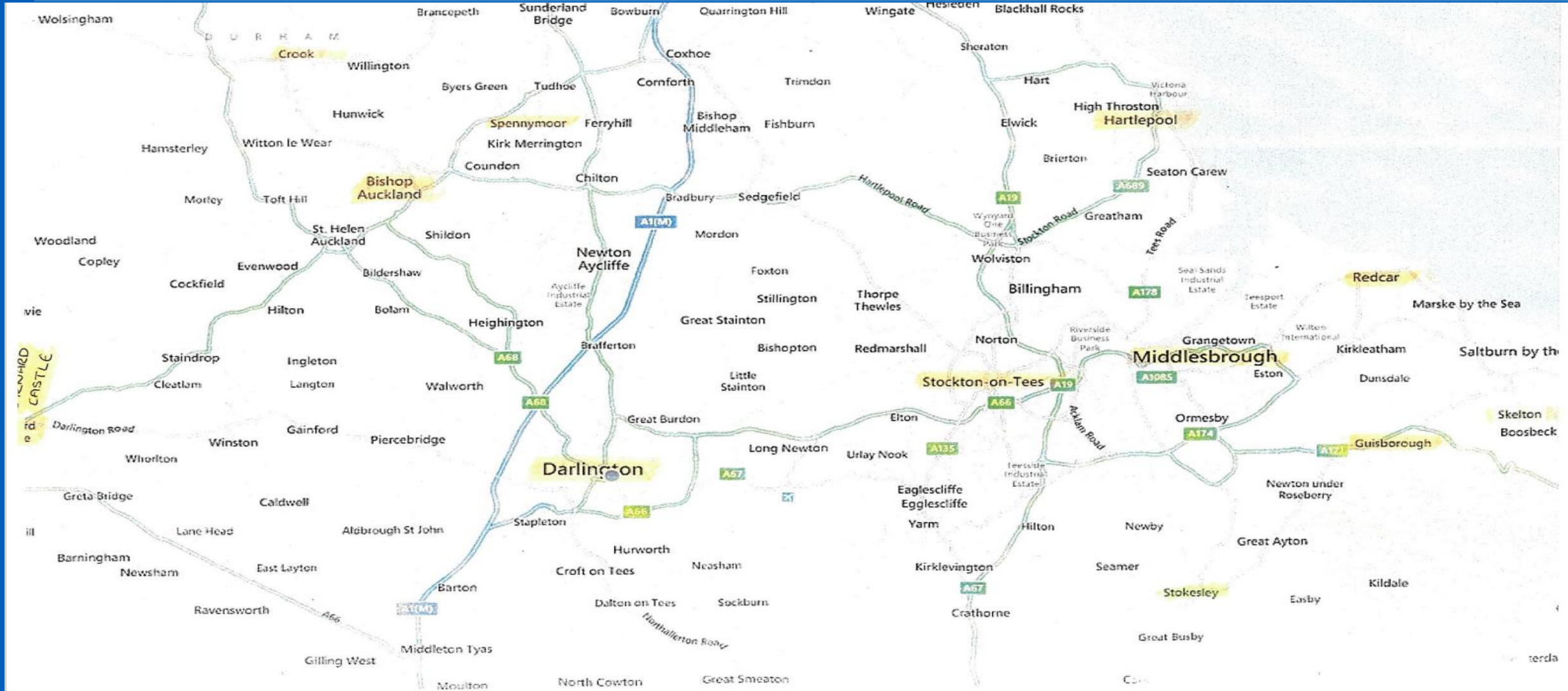
- The long term clinical service model for breast services across the Tees Valley
- Provide an overview of the current service provision across the Tees Valley
- Recap on the work undertaken pre Covid 19.
- Post covid 19 recovery
- The challenges to delivery
- Current progress
- Any questions

Breast Services Clinical Services Strategy

- In 2017 the North East and Cumbria the Cancer Care Alliance recommended that breast services should be delivered through a hub and spoke model with the four Breast Screening Services providing diagnostic and treatment services for both screened and symptomatic patients at peripheral hospitals
- The multidisciplinary team meeting (MDTM) would be at the Breast screening centre (with remote linkage)
- For the Tees Valley the breast screening service is provided by North Tees & Hartlepool Foundation Trust.
- The catchment population for the screening service is 55,000 per annum.
- The treatment diagnostic and treatment for the symptomatic breast patients would be provided at health care sites across the screening population geographical footprint.
- The total number of contacts across the Tees Valley for screening and symptomatic services



The Current Screening Population



Current breast screening provision

- The breast screening services are provided through either the use of mobile vans or static sites across the Tees Valley. Patients are called every 3 years and are asked to attend specific sites based upon their GP registration. (round length)
- If screening patients require further investigations they attend the breast screening hub site at the University Hospital of North Tees.
- The majority of screen detected cancers receive the operative procedure at the University Hospital of Hartlepool elective hub. (approximately 300 cancers per annum are diagnosed through screening)



Current Breast symptomatic service provision

- The symptomatic breast service one stop out patient provision linked to the screening population (Primary Care referral to the service) is currently provided at the following sites;
 - University Hospital of North Tees (provided by North Tees & Hartlepool Foundation Trust)
 - University Hospital of Hartlepool (provided by North Tees & Hartlepool Foundation Trust)
 - Darlington Memorial Hospital (provided by County Durham and Darlington Foundation Trust)
- The diagnostic one stop and MDT provision at North Tees and Hartlepool are provided through long standing close clinical collaboration with South Tees Foundation Trust.
- The majority of patients requiring surgery following diagnosis are provided at the patients local hospital Trust sites.
- Follow up diagnostic surveillance post surgery is provided at one of the above sites or the Friairage Hospital Northallerton.
- South Tees Foundation Trust provide a symptomatic breast service at FHN for the North Yorkshire catchment population.

Recap on work undertaken pre pandemic

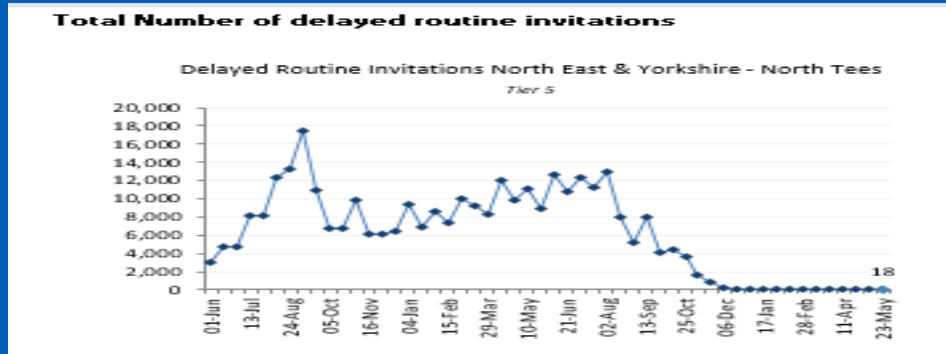


Aspirant for the
Tees Valley

- A challenging clinical workforce position and equipment within radiology in 2015 /16 within South Tees required quick reconfiguration of the one stop provision to the University Hospital of North Tees.
- The service model was adapted to provide a single point of access and single MDT for the diagnostic element of the symptomatic service for the patients of Stockton, Hartlepool, Redcar & Cleveland, Middlesbrough and a small number of patients with South Durham.
- Recognition that the service moved as a response to a collapse of service provision and very little opportunity to engage with patients and key stakeholders.
- Patient satisfaction survey carried out for patients attending from Redcar& Cleveland and Middlesbrough.
- South Tees CCG / NENC commenced stakeholder engagement sessions to consult on the future model of service delivery within Redcar & Cleveland and Middlesbrough.
- Work commenced to provide mammography equipment at the James Cook site to support follow up surveillance mammograms.

Post Covid Recovery

- Breast screening was suspended nationally from June 2020
- Symptomatic breast referrals and surgery were managed based on Royal College of Surgeons covid 19 guidelines.
- The breast screening service was the 1st in the North East to re commence its services in July 2020 and the 2nd to fully recover the backlog.

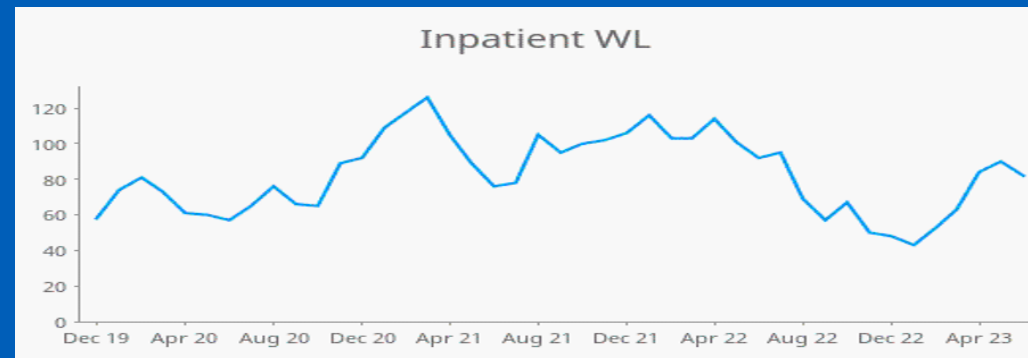
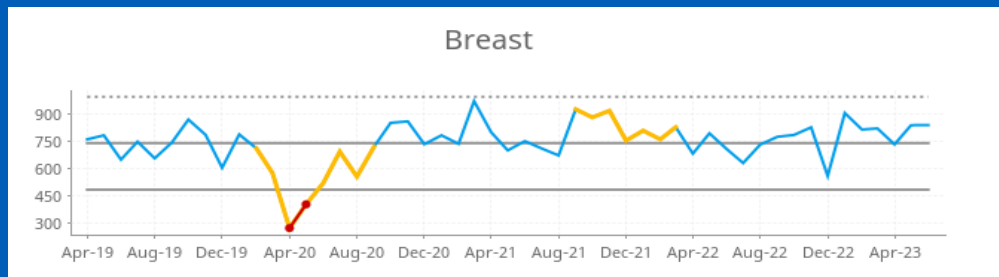


North Tees Breast Unit 2022

% of screening clients invited within 36 months- target 90%

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Round Length	10.5%	11.6%	7.1%	12.1%	5%	40%	50.3%	69.5%	92.8%	95.5%

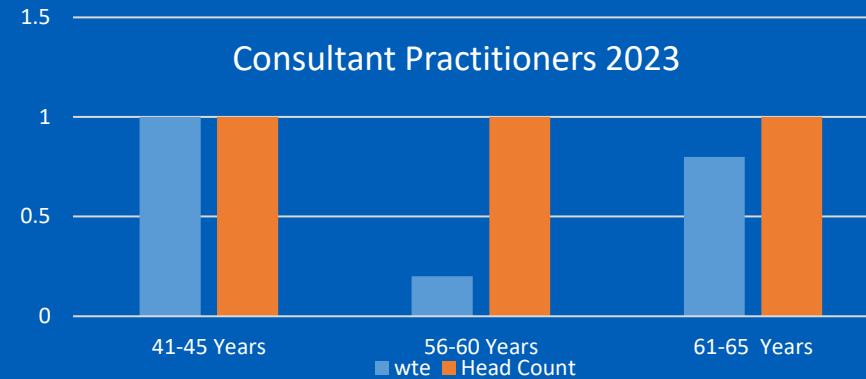
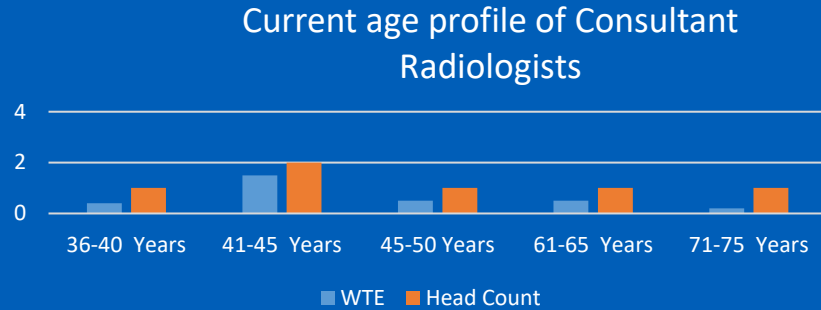
- Breast symptomatic referrals started to increase as normal service provision recommenced.



- Size of Breast waiting list / reduction of backlog

The challenges to delivery

- Radiology workforce remains a risk



- Current gap to manage current service provision

Role	Gap in position (including Retire and Return) wte
Consultant Radiologist	0.66 (1.41)
Consultant Practitioner	3.00 (4.00)

- Reliance on retire and return Consultant Radiologists
- Provision of hub and spoke services across the screening population currently continues not to be achievable based on the workforce in place

The challenges to delivery

- Current radiology workforce gap to provide the breast services clinical services strategy (Full hub and Spoke)

Role	Gap in position for current service (funded)	Total Additional requirement wte (not currently funded)	Total gap in position (including Retire and Return) wte
Consultant Radiologist	0.66 (1.41)	1.74	2.4 (3.15)
Consultant Practitioner	3.00 (4.00)	0.0	3.00 (4.00)

- Physical estate and equipment to provide one stop service provision at some spoke sites

Current Progress

- Cancer Care Alliance supported Breast Managed Clinical Network established.
- Trainee Consultant Practitioners in place and also continue recruiting
- Additional Registrars being trained through the deanery.
- Introduction of a breast pain pathway which reduces reliance on radiology workforce and can be delivered at place without additional specialist equipment. (Anticipated 15% of referrals could follow pathway in future)
- Direction of travel to support Consultant breast surgeons to no longer take part in emergency surgery on call rota increasing capacity breast surgery
- Planning commenced for the Procurement of a mammography machine for James Cook University Hospital to support reintroduction of surveillance mammograms on this site.
- Improved access for patients who can be offered immediate breast reconstruction free flap surgery through joint MDT and surgery with Consultant Plastic Surgeons.

Any Questions ?



Aspirant for the
Tees Valley

Agenda Item

Tees Valley Joint Health Scrutiny Committee

28 July 2023

COMMUNITY DIAGNOSTIC CENTRES

Summary

The Committee will receive an update on the continuing developments in relation to Community Diagnostic Centres across the Tees Valley footprint.

Detail

1. Back in October 2021, the Government announced its intention to open 40 new Community Diagnostic Centres (CDCs) (see <https://www.gov.uk/government/news/40-community-diagnostic-centres-launching-across-england>). The purpose of these centres was to aid:
 - earlier diagnoses for patients through easier, faster, and more direct access to the full range of diagnostic tests needed to understand patients' symptoms including breathlessness, cancer, ophthalmology.
 - a reduction in hospital visits which will help to reduce the risk of COVID-19 transmission.
 - a reduction in waits by diverting patients away from hospitals, allowing them to treat urgent patients, while the community diagnostic centres focus on tackling the backlog.
 - a contribution to the NHS's net zero ambitions by providing multiple tests at one visit, reducing the number of patient journeys and helping to cut carbon emissions and air pollution.
2. Since this initial press release, further commitments have seen the growth of this provision across the country. From a sub-regional perspective, the CDC offer has been operational across the Tees Valley footprint in Darlington, Hartlepool and Redcar.
3. More recently, at the start of 2023, the Government approved a new CDC in Stockton-on-Tees which was to be located on the site of the redeveloped Castlegate shopping centre and would be up-and-running by winter 2023 (see <https://www.gov.uk/government/news/new-diagnostic-centre-in-stockton-on-tees-to-deliver-hundreds-of-thousands-of-checks-scans-and-tests-a-year-for-local-residents>).
4. An update on the Tees Valley CDC offer was intended for the last Committee meeting in March 2023, but had to be deferred due to unforeseen circumstances. Representatives from the Tees Valley Community Diagnostics Programme are scheduled to attend this meeting alongside relevant NHS Trust personnel. A presentation has been prepared in advance – see **Appendix 1**.

Name of Contact Officer: Gary Woods

Post Title: Senior Scrutiny Officer, Stockton-on-Tees Borough Council

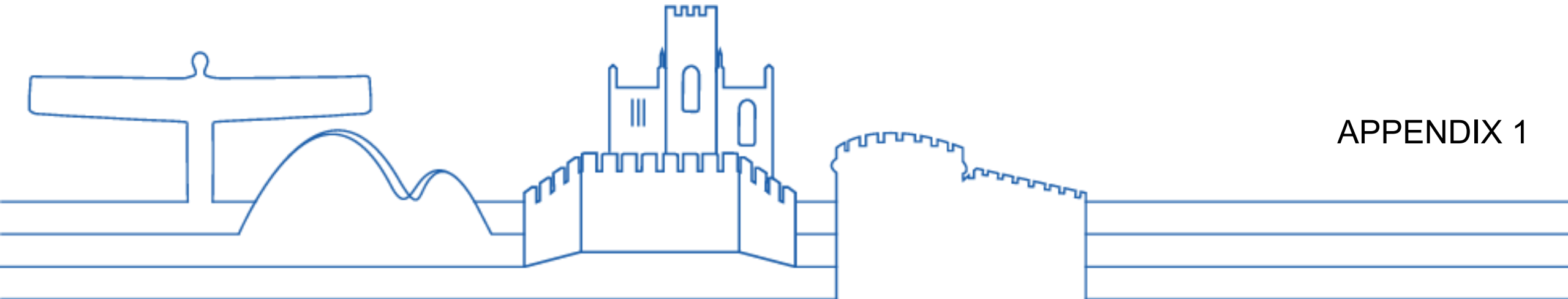
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Community diagnostic centres



APPENDIX 1

Background

- Demand for almost all diagnostic services in England was growing before the COVID-19 pandemic, and the pandemic has exacerbated pre-existing challenges.
- A key recommendation of the Richards' Review of NHS diagnostic services was the development of community diagnostic centres (CDCs) to provide separate, dedicated locations for carrying out elective diagnostic procedures.
- CDCs will provide a broad range of elective diagnostics away from acute facilities. In some cases, patients may be able to have multiple tests at the same visit.
- All CDCs must meet key minimum requirements, including delivering specified diagnostic tests.

What are they?




One stop shops for health checks, scans and tests in the heart of local communities.

“Community diagnostic centres will deliver additional, digitally connected, diagnostic capacity in England, providing all patients with a co-ordinated set of diagnostic tests in the community, in as few visits as possible, enabling an accurate and fast diagnosis on a range of a clinical pathways.”

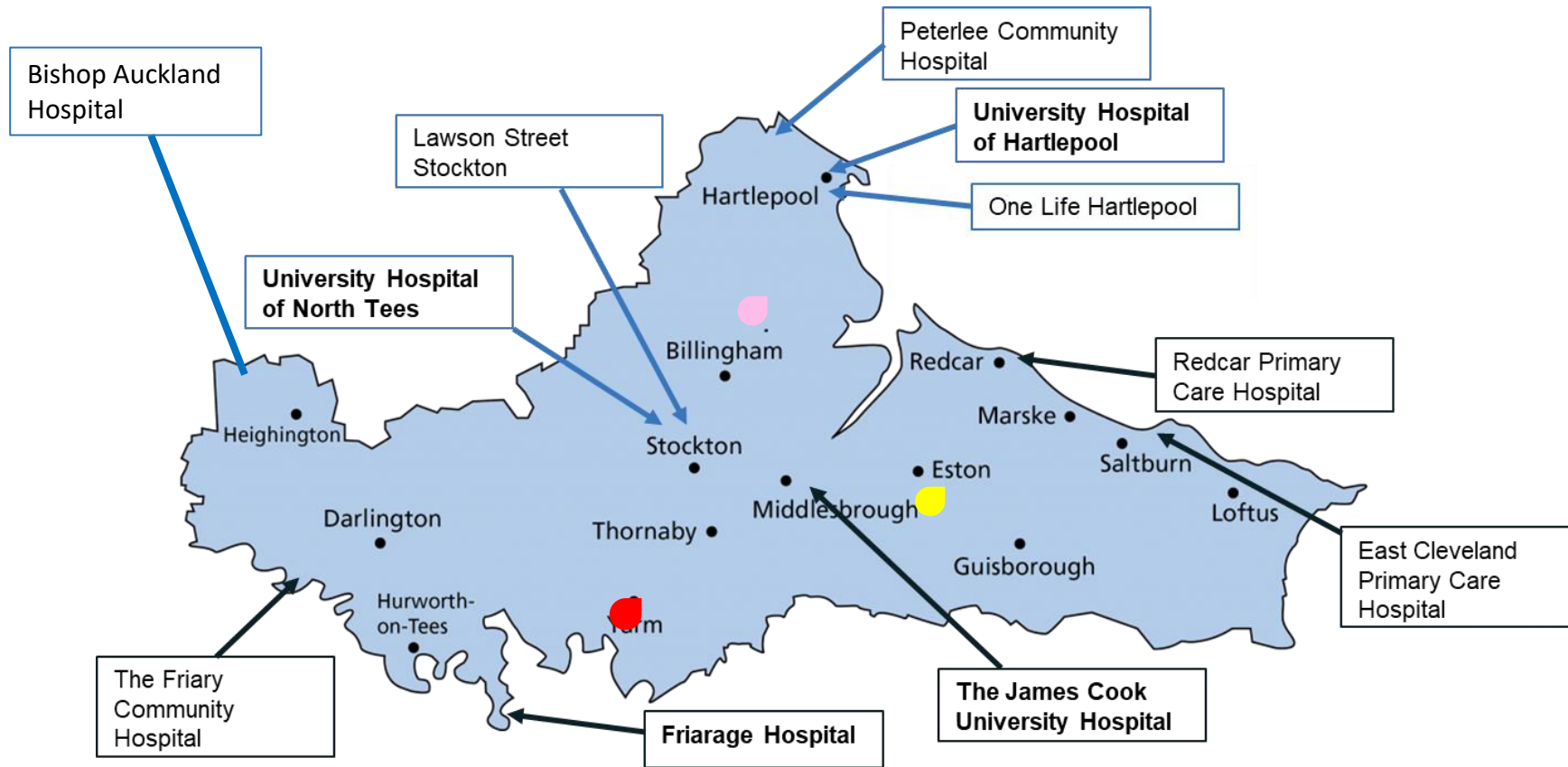
NHS England and NHS Improvement

Key objectives:

- improved population health outcomes
- increased diagnostic capacity
- improved productivity and efficiency
- reduced health inequalities
- improved patient experience
- support for the integration of primary, community and secondary care

Archetype	Description
 <p>Standard model</p>	<p>A standard CDC provides at least the minimum diagnostic tests outlined in this guidance (see Table 1). It may also provide any other suitable diagnostic tests that are deemed to be a priority locally.</p>
 <p>Large model</p>	<p>A large CDC must meet all the requirements of a standard CDC. It must also offer endoscopy and/or any other services/tests required locally (eg ophthalmology, audiology, health checks and screening services).</p> <p>It also provides other components of the diagnostic pathway (such as outpatient consultations) and co-located services (eg radiology). Scalability is an important feature of a large CDC, eg centres may have multiple scanners to improve efficiency/effectiveness.</p>
 <p>Hub and spoke model</p>	<p>The central 'hub' must provide at least the minimum diagnostic tests outlined in this guidance, as per requirements for a standard CDC. CDC 'spokes' provide extra capacity for specific tests or to reach certain populations through a satellite location. They may also help integrate CDC models with other expansions in community diagnostics (eg primary care diagnostic services).</p>

Tees Valley and Durham and Darlington



Key

- CDC Hub
- South Tees Spoke Sites
- North Tees and Hartlepool Spoke Sites



North East and North Cumbria

The map displays the following hospitals and their locations:

- Shotley Bridge Hospital**: Located in Shotley Bridge, North East Durham.
- Weardale Hospital**: Located in Stanhope, North East Durham.
- Bishop Auckland General Hospital**: Located in Bishop Auckland, North East Durham.
- Richardson Hospital, Barnard Castle**: Located in Barnard Castle, North East Durham.
- Chester le Street Hospital**: Located in Chester-le-Street, North East Durham.
- University Hospital of North Durham**: Located in Leazes Road, Durham.
- Sedgefield Community Hospital**: Located in Sedgefield, North East Durham.
- Darlington Memorial Hospital**: Located in Darlington, North East Durham.

Other locations shown on the map include Sunderland, Haswell, Easington, Hartlepool, Middlesbrough, and Darlington.

NHS
County Durham
and Darlington
NHS Foundation Trust

**University Hospital
of North Durham**

**Sedgefield
Community
Hospital**

**Darlington
Memorial
Hospital**

**Chester le Street
Hospital**

**Shotley Bridge
Hospital**

**Weardale
Hospital**

**Bishop Auckland
General Hospital**

**Richardson
Hospital,
Barnard Castle**

Key facts and figures



Tees Valley

- The spoke sites have been operational since September 2021, and in the first 18 months have already delivered an additional 80,000 diagnostic tests (Radiology, Cardiology and Respiratory services) for the population across Tees Valley.
- The central Stockton hub will be a newly built facility, attracting £25m capital investment and is scheduled to open in July 2024, creating around 130 new jobs in the area by 2026/27 across the Tees Valley and surrounding areas.
- It will offer a range of diagnostic tests across a number of pathways including radiology, cardiology and phlebotomy.
- Collectively from 2024/25 the Tees Valley CDC is planned to deliver an additional 150,000 diagnostic tests annually, with further growth planned from 2026/27 (based on demand).
- The CDC will operate on a 'referral only' basis from primary and secondary care services.



Key facts and figures



Tees Valley

Tees Valley have proposed to develop a Hub-and-Spoke model. CDC 'spokes' provide further capacity to healthcare 'hubs' for specific tests through a satellite location, mobile unit or pop-up.

At a local level, Tees Valley has some of the most deprived areas in the nation for both health and economic outcomes. Combined with an aging population and diagnostics demand forecast to increase in the coming years, supporting the proposal of the Tees Valley CDC, which aims to improve access to diagnostics services and generate investment in the area. The lead organisation delivering this scheme is Tees Valley ICP Diagnostics Collaborative, a joint collaboration between North Tees & Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust. The CDC will conform to the hub and spoke design archetype.

The timeline for the hub and spoke sites to be complete is as follows:

Hartlepool University Hospital – Already up and running

Lawson Street – In the final stages of development

Friarage Hospital – Construction work is in full flow, with an estimated delivery time of August 2023

Redcar Primary Care Hospital – RIBA stage 4 design is near completion, estimated construction work to begin August 2023 for a 6 month period

CDC Hub site – Demolition of site is in progress, with construction work estimated to begin later this summer

Key facts and figures



County Durham and Darlington

- Three Community Diagnostic Centres (CDCs) in County Durham and Darlington were approved as Early Adopters in 2021/22: Bishop Auckland CDC, Darlington Memorial Hospital CDC and University Hospital of North Durham CDC.
- The area covered is some 1,205 square miles across an urban and rural geography. Working together as part of the NENC digital road map, the aim is to offer patients access to the nearest or soonest appointment at a location of their choice, effectively utilising available diagnostic assets.
- From 1 April 2022, Darlington and County Durham CDCs operated as a hub and spoke model, centred at Bishop Auckland (as hub) and with Darlington Memorial Hospital and University Hospital of North Durham acting as spokes.
- In January 2023, the National CDC Programme decided to de-list CDC at acute sites, affecting those CDCs at DMH and UHND.
- From April 2023, Bishop Auckland CDC will operate as a large archetype. Diagnostic capacity has increased on this site. Utilising the large archetype will enable local access to a suite of diagnostic services across local communities, strengthening patient experience and creating a more personalised experience.
- The primary objective is to provide patients with access to a comprehensive range of diagnostics in the fewest number of visits by including all minimum CDC testing modalities at Bishop Auckland.
- **GPs** will retain direct access to CT and MRI referrals at DMH and UHND.

Engagement and involvement

Patients and their families:

- Ensure that patients are engaged in the development of the CDC services
- Understand their own relationships with services currently, and what they might look like in the future.

General Public:

- To keep the population informed about how they will access the services (transport links, parking facilities etc.)
- Use the CDC as a showcase to help attract young people into the healthcare professions
- To keep the 'levelling up' narrative high
- Diagnostics to be delivered as standard to encourage aspirant population health.

Questions and comments

Agenda Item

Tees Valley Joint Health Scrutiny Committee

28 July 2023

NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST – RESPONSE TO LATEST CQC INSPECTIONS AND INDEPENDENT REVIEW REPORT**Summary**

North East Ambulance Service NHS Foundation Trust (NEAS) has been invited to provide the Committee with a response to recent Care Quality Commission (CQC) inspections of its services, as well as the findings of an independent review of the Trust.

Detail

1. During July and September 2022, the health and social care regulator undertook its latest assessment of NEAS. The CQC carried out this unannounced inspection as part of its continual checks on the safety and quality of healthcare services, and specifically looked at Emergency and Urgent Care, the Emergency Operations Centre, and the NHS 111 service. They also inspected the 'Well-Led' key question for the Trust overall, but did not examine Patient Transport Services (PTS) or Resilience (HART) services at this time.
2. The CQC published its report in February 2023. Its findings resulted in NEAS being downgraded from 'Good' overall to 'Requires Improvement', with particular concerns being raised in relation to the 'Well-Led' domain (which was rated 'Inadequate').

	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Good
Safe	Requires Improvement	Good
Effective	Requires Improvement	Good
Caring	Good	Good
Responsive	Good	Good
Well-Led	Inadequate	Good
Date of Inspection	26 th – 28 th July & 13 th – 15 th September 2022	
Date Report Published	2 nd February 2023	
Date Previous Report (that was rated) Published	10 th January 2019	

The CQCs full report can be found at <https://api.cqc.org.uk/public/v1/reports/857fc7df-c6e9-495b-ac23-d519497e7eaf?20230216100442>.

3. Following this inspection, the CQC served the Trust with a notice under Section 29A of the Health and Social Care Act 2008. They told the Trust it needed to make the following significant improvements:
 - a) to ensure governance systems operated effectively;
 - b) in listening, responding, and acting upon feedback from staff and other relevant persons;
 - c) in incident reporting, investigating and monitoring of actions to prevent re-occurrence ensuring improvements are made as a result;
 - d) in medicines management to reduce risks to patients.
4. On 7 July 2023, the CQC published a further report after conducting a follow-up unannounced focused inspection of the Trust's Emergency and Urgent Care (EUC) services during April and May 2023. Whilst the overall report did not give any ratings, the individual grading for EUC improved from 'inadequate' to 'requires improvement'.

The CQCs full report can be found at <https://api.cqc.org.uk/public/v1/reports/4f432398-0677-43c7-8d1e-b7780764708f?20230707070450>.

5. NHS England commissioned a limited scope independent review into patient safety concerns and governance processes related to NEAS. The review considered the facts surrounding a number of individual cases, reviewed the processes surrounding coronial investigations, and reviewed the seven previous investigations and reviews undertaken by the ambulance service to determine if they were sufficient to fully understand and resolve issues. Published on 12 July 2023, the full report can be found at <https://www.england.nhs.uk/north-east-yorkshire/wp-content/uploads/sites/49/2023/07/MASTER-NEAS-Independent-Review-Final-Report-V21-3.7.23-002.pdf>.

Both NEAS and the North East and North Cumbria Integrated Care Board (NENC ICB) subsequently published assurance statements – these can be accessed at:

- NEAS
https://www.neas.nhs.uk/media/206824/final_070723_assurance_statement_board_approved_54_pdf_v3.pdf
- NENC ICB
<https://northeastnorthcumbria.nhs.uk/media/1jwbi2l4/nenc-icb-assurance-statement-neas-independent-review.pdf>

6. The NEAS Chief Executive Officer and the Assistant Director – Communications and Engagement are scheduled to be in attendance to inform the Committee of the Trust's response to the CQCs and independent review findings. A presentation has been prepared in advance and is available at **Appendix 1**.
7. For further background information, the latest NEAS Quality Account for 2022-2023 can be found at https://www.neas.nhs.uk/media/206231/neas_annual_quality_report_2022-23.pdf.

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Update on Care Quality Commission and independent review reports

July 2023

Latest CQC position

Rating for Ambulance Headquarters, Bernicia House

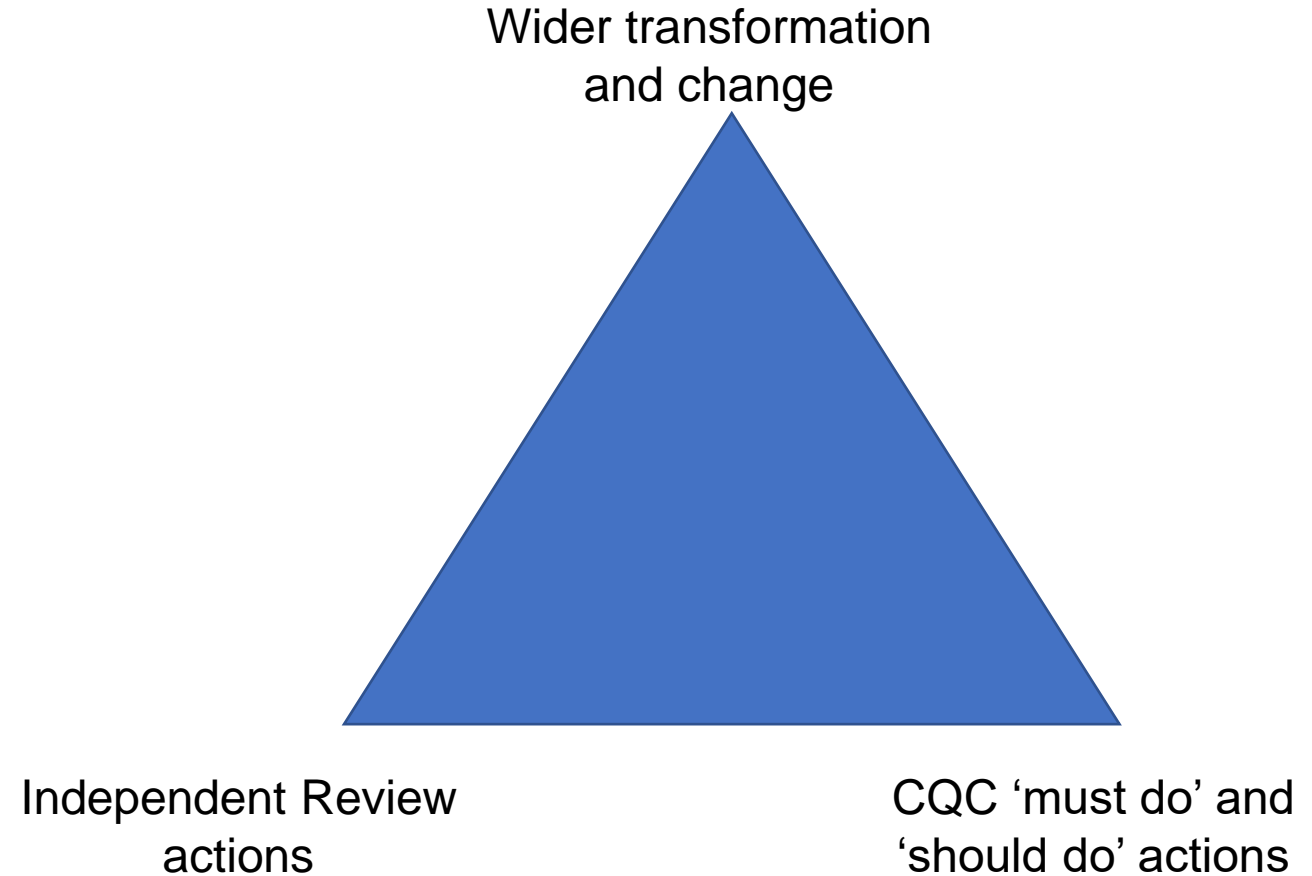
	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement Feb 2023	Requires improvement Feb 2023	Good Feb 2023	Requires improvement Feb 2023	Requires improvement Feb 2023	Requires improvement Feb 2023

Rating for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency operations centre (EOC)	Requires improvement Feb 2023	Requires improvement Feb 2023	Good Feb 2023	Good Feb 2023	Requires improvement Feb 2023	Requires improvement Feb 2023
Resilience	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Patient transport services	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Emergency and urgent care	Requires improvement ↑ Jun 2023	Requires improvement Feb 2023	Good Feb 2023	Requires improvement Feb 2023	Requires improvement ↑ Jun 2023	Requires improvement ↑ Jun 2023

Improvement Plan Overview

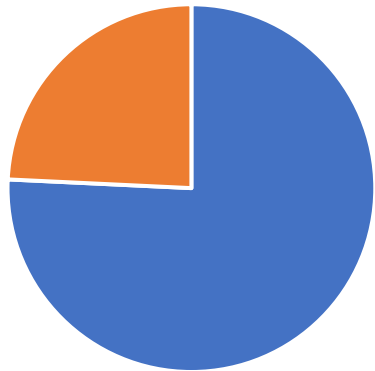
- CQC formally closed regulation 29 warning notice
- Continued focused on 'must do' and 'should do' CQC actions and monthly reporting
- Actions from Independent Review
- Audit of actions already undertaken to ensure continued progress and 'embedded' practice
- Where appropriate, transition workstreams into BAU
- Wider transformation and change



Workstream actions progress

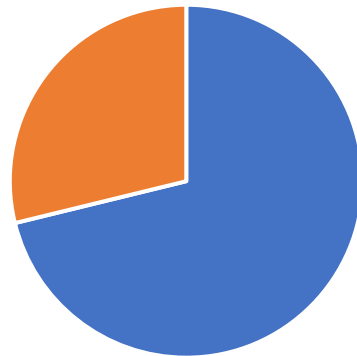
Progress Against Workstream Actions			
Workstream	July 23		Total
	Actions complete	Actions in progress	
Governance	25	8	33
Incident reporting, managing and investigating (PSIRF actions removed)	42	17	59
Listening, responding and acting on feedback	49	6	55
Medicines Management	61	5	66

Governance



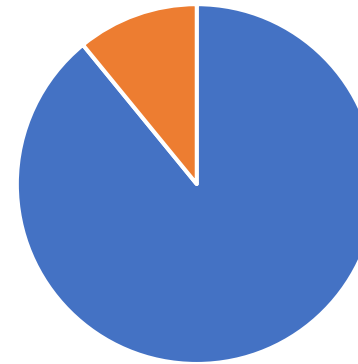
■ Actions complete ■ Actions in progress

Incident reporting, managing and investigating



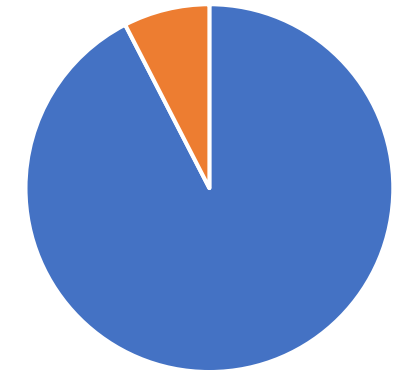
■ Actions complete ■ Actions in progress

Listening, responding and acting on feedback



■ Actions complete ■ Actions in progress

Medicines Management



■ Actions complete ■ Actions in progress

Progress on medicines management

- Final work completed to pilot new system of relief shift controlled drugs (awaiting Home Office licence to start).
- Preparation now started for controlled drugs access for paramedics on relief shift in the central and south divisions
- Review of replacement for the medicines management system to support a station-based model for controlled drugs and full end-to-end management and tracking of drug bags and medicines.
- Continue engagement with other ambulance trusts through the Ambulance Pharmacists Network and by direct contact.

Progress on incident reporting

- Shared our strengthened serious incident process with ICB, NHS England and CQC to ensure it meets with considered best practice.
- Next step will be to introduce the new patient safety incident review framework by the end of 2023-24.
- Strengthened our training for staff at all levels of the organisation to support the transition to the new patient safety incident review framework.
- Patient safety syllabus is mandatory for those who carry out investigations and is monitored for compliance on a regular basis
- With the introduction of ICB in 2022, we introduced new processes to ensure the timely reporting of serious incidents to our commissioners, and other stakeholders.
- Continue with the recruitment of additional staffing to support our teams: 90-day post-rapid process improvement workshop review held on 18 July
- NECS looking at past five years of incident profiles and thematic reviews to help build our patient safety and incident response plan

Progress on governance

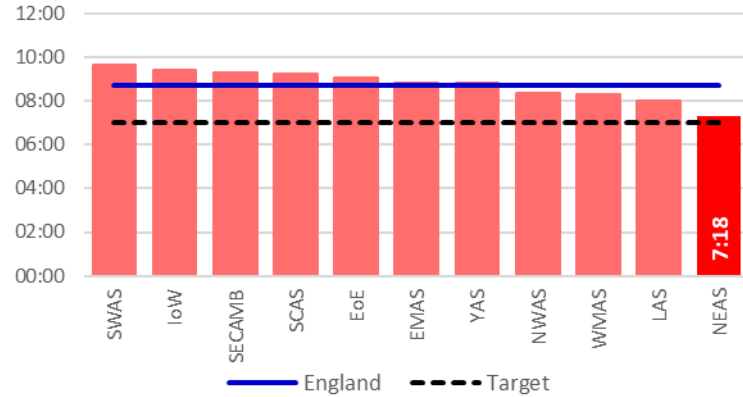
- Introduced a new governance and assurance framework along with the development of associated processes - with external specialist support.
- Clear and accountable decision-making process that improves the escalation of risk, patient safety issues and performance from our frontline teams to the Trust Board.
- Board and executive development programme implemented to facilitate team building and provide challenge and advice to develop an effective team following recruitment of new executives.
- A programme of 'buddying' with directors from Northumbria Healthcare NHS Foundation Trust, rated CQC outstanding, to support the new executive management team, to share best practice and act as a critical friend.

Progress on culture

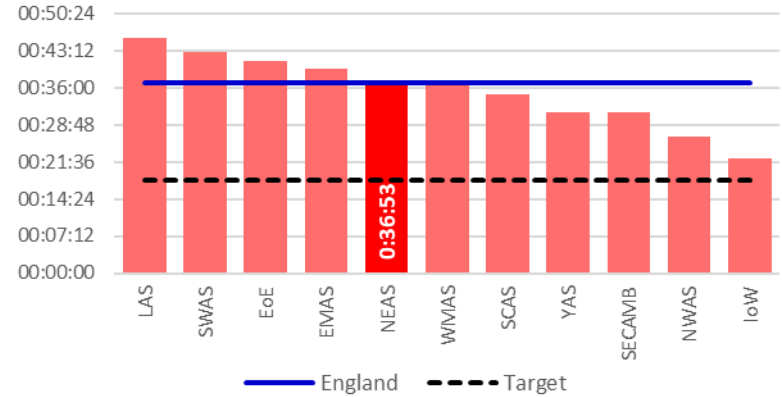
- All action plans underway to address speaking up, civility & respect, and staff experience.
- Trebled the size of our Freedom to Speak Up team to ensure staff have opportunity to speak up safely
- Development programme underway with frontline teams in south division, with external specialist support
- Increased communication and engagement with teams via multiple platforms including CEO roadshows
- Colleague voice set to be launched soon to ensure staff have a forum to engage with managers and resolve matters

Response Time Benchmark Performance June 2023

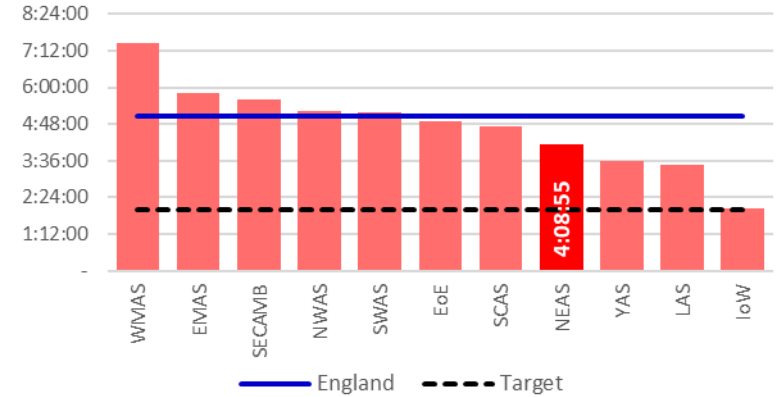
Category 1 Response Times - Mean response (min:sec) - (MTD) June 2023-24



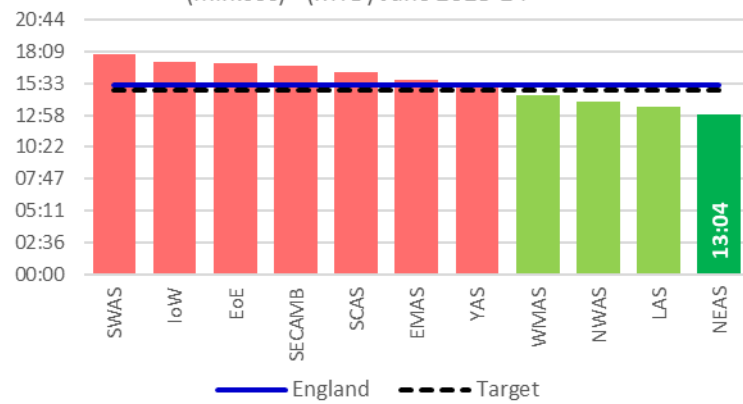
Category 2 Response Times - Mean response (hour:min:sec) - (MTD) June 2023-24



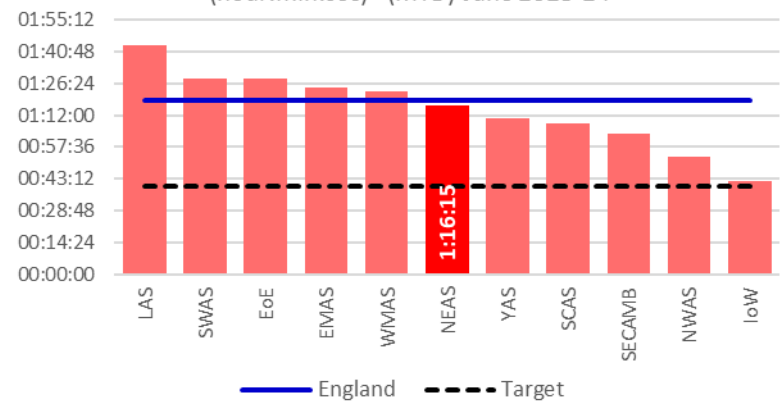
Category 3 Response Times - 90th centile response (hour:min:sec) - (MTD) June 2023-24



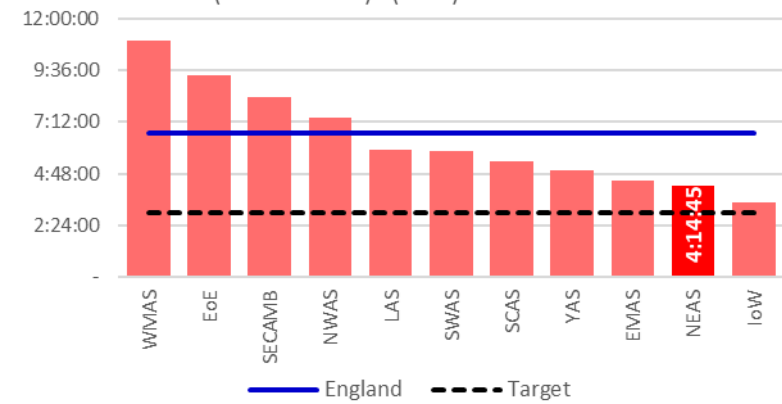
Category 1 Response Times - 90th centile response (min:sec) - (MTD) June 2023-24



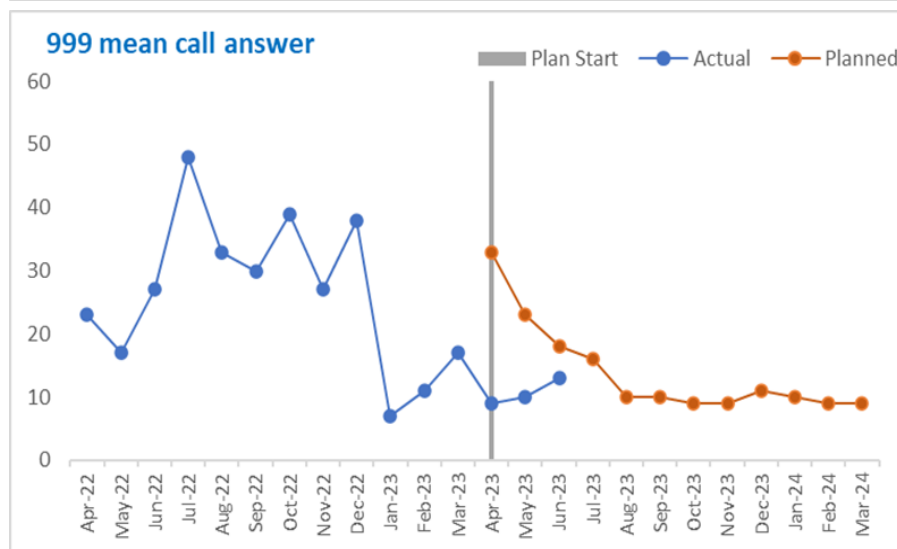
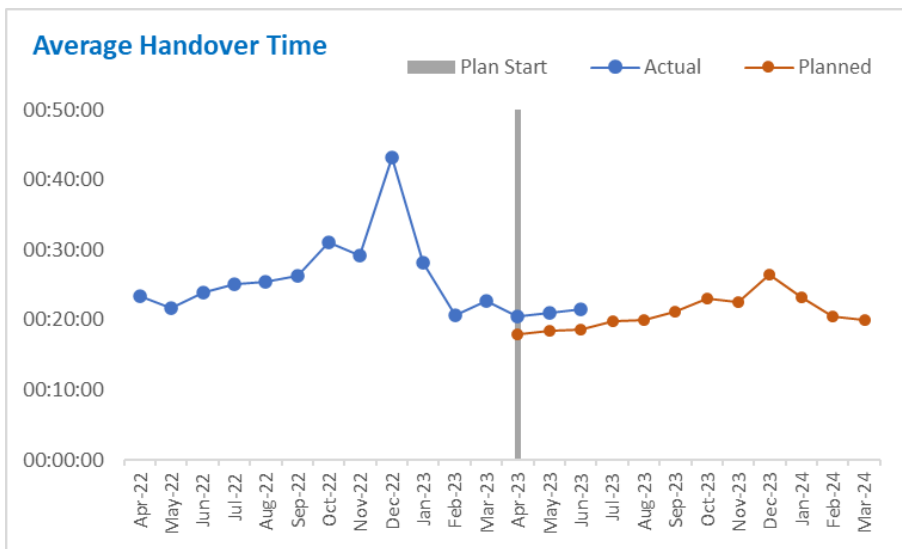
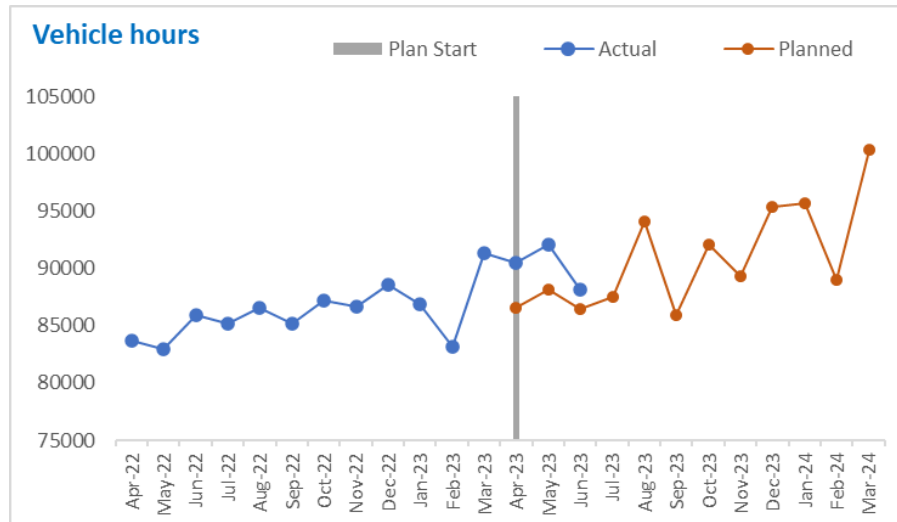
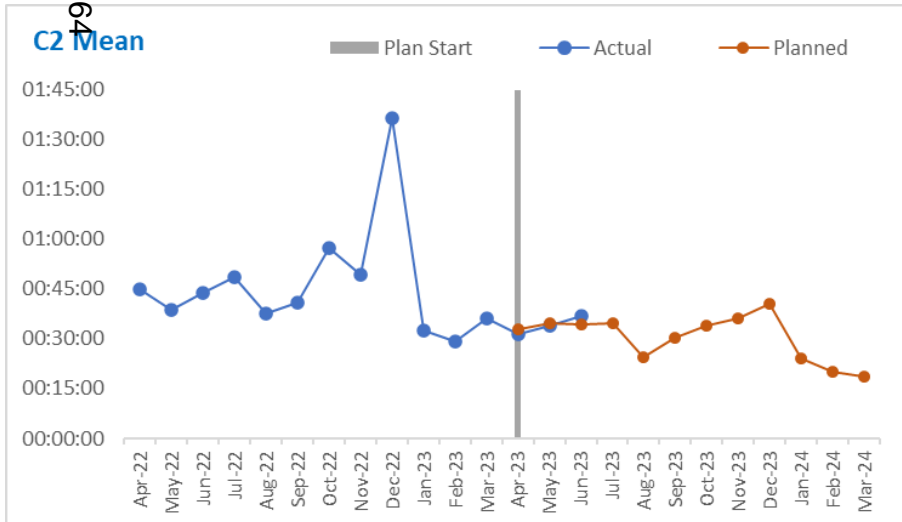
Category 2 Response Times - 90th centile response (hour:min:sec) - (MTD) June 2023-24



Category 4 Response Times - 90th centile response (hour:min:sec) - (MTD) June 2023-24



Draft June 2023 position



C2 Mean was 36min 53sec for June 2023 and above the plan position. The current annual forecast for C2 mean is 38m 42s, linked to higher than planned demand and handover times.

The capacity plan continues to be achieved. Vehicle hours in Q1 reports an increase of 7% compared to Q1 2022/23.

This has helped to mitigate higher than planned demand including HCP demand.

Average handover times have shown improvements from February 2023 onwards, however, remain higher than planned.

999 mean call answer increased slightly to 13 seconds in June 2023, but continues to achieve the plan position.

Independent Review

Independent Review – NEAS Assurance Statement

- NEAS Board have fully accepted the findings of the review and wholly commit to deliver on the improvements outlined in the recommendations
- We reiterate again our unreserved apology for the distress caused to the families who have lost loved ones.
- Recommendation 1 – unreserved apology to families
- Recommendation 2 – review of governance and SI management (underway / aligned to CQC)
- Recommendation 3 – ensure reports are not changed (complete – continuous focus)
- Recommendation 4 – training for call handlers to escalate to clinicians (complete – continuous focus)
- Recommendation 5 – coherence and confidence of Quality & Safety directorate (underway – new posts/team members, development, RPIWs etc)

Independent Review – NEAS Assurance Statement

- Recommendation 6 – Oversight Committee with family involvement – to be agreed
- Recommendation 7 – senior doctor to support review of deaths (underway – discussions with neighbouring Trust)
- Recommendation 8 – clear process for coroners team to liaise with HM Coroner (complete since Feb-21)
- Recommendation 9 – coroners team processes are separate to internal governance processes (complete – further enhanced in recent governance review)
- Recommendation 10 – settlement agreement process via Remuneration Committee to be followed (complete since Jul-22)
- Recommendation 11 – settlement agreements to be scrutinised to ensure best practice (in place via Remuneration Committee since Jul-22)

Independent Review – NEAS Assurance Statement

- Recommendation 12 – Remuneration Committee to consider requesting a report of settlement agreements prior to April 2020 (will be discussed at next meeting)
- Recommendation 13 – external support to be commissioned to support Board and new Directors (executive director development programmes commenced May-23, Board development commissioned to commence Jul-23)
- Recommendation 14 – revised F2SU plans to be implemented ASAP (this commenced in Nov-22 – progress previously shared with QIG)
- Recommendation 15 – culture plan to be prioritised (underway / aligned to CQC)
- Recommendations 16 / 17 – commissioning framework and funding (links to ICB assurance statement)



North East Ambulance Service

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Agenda Item

Tees Valley Joint Health Scrutiny Committee

28 July 2023

TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST – LIVED EXPERIENCE DIRECTORS

Summary

The Committee will receive an update on the work and impact of the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) Lived Experience Directors.

Detail

1. During a presentation to the Committee in September 2022 on the Trust's Clinical and Quality Journeys, TEWV highlighted its new Lived Experience Director roles. Background information can be found at the following link (see slides 21-24):
 - <https://democracy.darlington.gov.uk/documents/s17024/Tees%20Valley%20Joint%20Health%20Scrutiny%20Committee%20-%20TEWV%2023%20Sept%202022.pdf>
2. TEWV has been asked to provide an update on the work and impact of the Trust's Lived Experience Directors. Representatives of the Trust, accompanied by relevant colleagues from the voluntary, community and social enterprise (VCSE) sector, are scheduled to be in attendance and a presentation has been prepared – see **Appendix 1**.

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Tees, Esk and Wear Valleys
NHS Foundation Trust



Lived Experience and Cocreation

Tees Valley Joint Health Overview & Scrutiny Committee

28 July 2023

Respect

Compassion

Responsibility



Journey to change

We're making progress on our three big goals.

We want people to lead their best possible lives and our Journey to Change will help us to achieve this.

The most important way we will get there is by living our values all of the time:

- We are respectful
- We are compassionate
- We are responsible

There is always somebody that you can check things with, that you can talk through issues with. It does feel like a big family, where people look after each other."

Adele, manager



1. A great experience for patients, carers and families

Waiting lists down by nearly 50% for children accessing mental health support

46% more people helped to find work by our Individual Placement Service in 2021 to 2022

Investment in a new community mental health hub in Northallerton and a new centre for young people in York

Carers charter launched and being embedded in the Trust

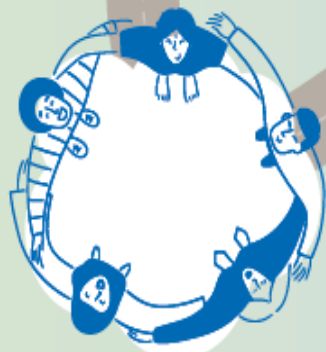
£5m spent on making our wards safer since 2019, and almost £3m more planned in 2023

"The team tried lots of different approaches and medications, and really listened to me. They were so helpful, so supportive, which helped me come out of myself a lot more."

James, patient

"They didn't need to take the partnership working approach they did but have chosen to. It's delivered a new and effective way of working."

Martin, Stockton Council



2. A great experience for colleagues

Recruited 700 more staff since the start of COVID

More streamlined recruitment processes mean new recruits can start working with us more quickly than before

Expanding our wellbeing offer and strengthening staff networks to make sure our staff have a voice

We're on an international recruitment drive too



3. Being a great partner

More mental health nurses working in GP surgeries across our region

Supporting rough sleepers with their mental health with Hartlepool Borough Council

27 more schools joined our mental health support programme

Delivering apprenticeship training to colleagues in partnership with Derwentside College

Our priorities

An unrelenting focus on patient safety and clinical excellence prioritising:

- improvements in patient safety supported by a positive culture
- safe and kind care backed by evidence with outcomes that matter
- empowering patients and carers to be equal partners and help address barriers in care
- co-creating holistic, responsive and integrated models of care
- supporting people to be active members of their community
- being inclusive, trauma-informed and recovery-focused

The role of our lived experience directors

- Brings lived experience to the strategic leadership of our two care groups.
- Symbolises the Trust's commitment to cocreation and the value of lived experience leadership at a strategic and systemic level.
- Advocating for service user and carer voice at every level, with cocreation at the heart of all we do.
- Shared accountability and responsibility for delivery of clinical services, ensuring services provide the highest quality outcomes and experience for service users and carers, and making sure that strategic objectives are set and achieved in partnership with people and families.
- Support cocreation in service transformation, and develop multiple methods to listen to patients and carers to ensure there is a clear linkage between Care Group's operational and clinical leaders and the people we serve.
- Work in collaboration with our partners and regulators to make sure we understand what best in class looks like, to bring meaningful change in the care we provide.

Durham, Tees Valley & Forensics



Lived Experience Director

Chris Morton
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North Yorkshire, York & Selby



Lived Experience Director

Charles Nosiri
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Durham, Tees Valley and Forensic Cocreation Board – terms of reference

Our Purpose



We are a group of service users, carers and staff working alongside the Durham Tees Valley & Forensic Care Board to ensure Tees, Esk & Wear Valleys service users and carers receive good quality and compassionate care.

“Cocreation is the active involvement of people with lived experience of mental illness in service design. This has been shown to empower service users, increase the quality and efficiency of services and improve clinical outcomes.”

Who will be our members?



The group includes service users, patients, carers and TEWV staff.

We are an open group, and welcome new members.

Our Values



To provide patient and carer perspectives from an outside view.



To ensure patients and carers have a voice and to be a voice for those who are not represented.



To bring issues into the open, to reduce stigma and increase awareness of mental health



To make a difference

Our Aims and Objectives



Create a safe informal creative space where people are all equal and can speak openly and honestly, working together towards a shared goal Exploring different ways of working, challenging the status quo.



Discuss feedback from service users and carers to feed into the Care Board.



Be open minded and proactive in understanding the barriers and looking at how we overcome them.



Ensure TEWV delivers high standards and good quality care within Mental Health Services as set out by the Care Quality Commission (CQC).



Action led, where changes are needed, suggest ways to improve and develop services and ensure TEWV achieves this.



Form working partnerships to share our experiences of services and expertise, alongside being a voice for those who are absent.



Work alongside the Care Board to embed co-creation to provide expertise to bring strategic decisions around co-creation.

Durham, Tees Valley and Forensic Cocreation Board

- Create a safe space where people were all equal and can speak openly and honestly
- Discuss feedback from service users and carers to feed into the Care Board (CAMHS and ALD to develop/work with spaces created to meet the needs of the demographic)
- Frameworks and structure for supporting staff lived experience
- Be open minded and proactive in understanding barriers to cocreation
- Ensure the trust delivered high standards and good quality care within mental health services, as set out by the Care Quality Commission (CQC)
- Action led where changes are needed, suggest ways to improve and develop services and ensure the trust achieves them.
- Support our role as partners across the Durham, Tees Valley and Forensics system and form partnerships to share experiences of services and expertise, alongside being a voice for those who are absent
- Work alongside the Care Board to embed co-creation to provide expertise to bring strategic decisions around cocreation
- Be diverse and an inclusive facilitator and enabler of cocreation across Durham Tees Valley and Forensics

Cocreation Board early action areas

- **Urgent Care - support transformation within inpatient/crisis services**
- **Feeling safe on our wards performance improvement**
- **Planned Care – support the Community Mental Health Transformation programme**
- **Supporting the workforce transformation**
- **What can we do for the broader communities we serve and systems we participate in? Links to support the development of lived experience forums across Tees Valley**



Lived Experience Forums

Using people's experience and knowledge to help services to be the best they can be



Our aim for the Lived Experience forums

- To put the voices of people with Lived Experience of poor mental health and their unique life context (e.g., human conditions, physical health conditions, disabilities, neurodiversity) at the heart of all mental health service developments, re-design, new designs and incorporate Peer Support in all service delivery
- Supporting people to use their experience and knowledge in any way they can to help service be the best they can be
- Ensuring lived experience facilitation – is always focussing on areas that have been prioritised by people attending forums

Our Journey so far

- Set up Lived Experience Forums in Stockton and Hartlepool
Dates booked in Redcar & Cleveland and planning meeting booked in Darlington and Middlesbrough
- Linked with Community Transformation – presented to the forums, acted on reports (e.g. hub Stockton) forum members involved in scoring panels and feedback reports for TEWV services (e.g. what does a good crisis support service look like? And give to crisis team)
- Lived Experience conference June 2023
Collaborative event by Red Balloons, Starfish, Public Health South Tees, Teesside University & TEWV

Future plans

- Setting up Teesside Lived Experience Forum, sharing the knowledge and learning from each other
- Rolling out the Teesside Lived Experience Charter
- Embed Forums in Redcar & Cleveland, Darlington and Middlesbrough
- Carry on supporting services to be the best they can be, by giving people with lived experience a voice
- Supporting staff training

Agenda Item

Tees Valley Joint Health Scrutiny Committee

28 July 2023

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE – WORK PROGRAMME 2023-2024

Summary

The Committee is required to consider and agree its work programme for 2023-2024.

Detail

1. The Committee is required to agree its work programme annually and, in doing so, consider matters that are of a Tees Valley and sub-regional nature.
2. A number of issues have been introduced to the Committee's agenda as standing items. These include monitoring of the performance of the North East Ambulance Service and the consideration of the Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account, enabling the Committee to provide a view on behalf of the Tees Valley area.
3. In addition, other topics have been on the Committee's work programme for some time under the 'to be scheduled' section.
4. Members will be aware that in addition to the topics outlined in this report, issues may arise during the year that the Committee may need to be briefed on and / or respond to (e.g. for NHS service changes). Therefore, the Committee will need to retain the element of flexibility in the work programme as has become standard practice.
5. The Committee is also advised to be aware of capacity constraints on Members and officers when ensuring the Committee has a focused and effective work programme.
6. The Committee's protocol provides for meetings on a quarterly basis, though these can be supplemented with additional meetings if required. Proposed meeting dates for the remainder of the 2023-2024 municipal year are as follows:
 - Friday 6 October 2023
 - Friday 15 December 2023
 - Friday 15 March 2024

All of the above meetings will start at 10.00am and be held in the Jim Cooke Conference Suite, Stockton Central Library, Church Road, Stockton-on-Tees TS18 1TU.

7. Once the work programme is agreed, confirmed items will be allocated to appropriate meetings. Given the existing topic list, a suggested timeframe is outlined at **Appendix 1**.

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TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE
Work Programme 2023-2024

Meeting Date	Topic	Attendance
28 July 2023	TVJHSC: Appointment of Chair & Vice-Chair TVJHSC: Protocol / Terms of Reference TVJHSC: Work Programme Timetable North East Ambulance Service: CQC Inspection / Independent Review North East and North Cumbria Integrated Care Board: Community Diagnostic Centres North East and North Cumbria Integrated Care Board: Breast Services Tees, Esk and Wear Valleys NHS Foundation Trust: Lived Experience Directors Update	Helen Ray / Mark Cotton Charlotte Bourke / Phil Woolfall / Richard Morris Craig Blair / Rowena Dean / Kevin Etherson / Stuart Finn / Mike Carr Mike Brierley / Chris Morton / Dominic Gardner
6 October 2023	North East and North Cumbria Integrated Care Board: Integrated Care Strategy Implementation (inc. role of ICPs) Tees, Esk and Wear Valleys NHS Foundation Trust: CAMHS Update	TBC TBC
15 December 2023	North East and North Cumbria Integrated Care Board: Winter Plan Update North East Ambulance Service: Performance Update (Q1 & Q2) Tees, Esk and Wear Valleys NHS Foundation Trust: Performance Update (Q1 & Q2)	TBC TBC TBC
15 March 2024	Tees, Esk and Wear Valleys NHS Foundation Trust: Quality Account 2023-2024 North East Ambulance Service: Quality Account 2023-2024	TBC

To be scheduled

- NENC ICB: Opioid prescribing and dependency across the Tees Valley
- NENC ICB: Palliative and End-of-Life Care Strategy (development / implementation)
- TEWV: CAMHS update
- TEWV: Respite Provision update
- TEWV: Physical Restraints / Interventions (briefing / workshop)
- NEAS: Assault & Financial update

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