

## TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of Tees Valley Joint Health Scrutiny Committee was held on Friday 6 October 2023.

**Present:** Cllr Marc Besford (Chair), Cllr Rachel Creevy (HBC) (Vice-Chair), Cllr Ceri Cawley (R&CBC), Cllr Lynn Hall and Cllr Susan Scott.

**Officers:** Michael Conway (DBC), Gemma Jones (HBC), Georgina Moore (MC), Sarah Connolly (R&CBC) and Gary Woods (SBC).

**Also in attendance:** Craig Blair, Peter Rooney (North East and North Cumbria Integrated Care Board), James Graham, Patrick Scott and Jamie Todd (Tees, Esk and Wear Valleys NHS Foundation Trust)

**Apologies:** Cllr Jonathan Brash (HBC), Cllr Neil Johnson (DBC), Cllr Mary Layton (DBC), Cllr Paul McInnes (R&CBC), Cllr Vera Rider (R&CBC), Cllr Jan Ryles (MC) and Cllr Heather Scott (DBC).

### TVH/13/23 Evacuation Procedure

The evacuation procedure was noted.

### TVH/14/23 Declarations of Interest

There were no interests declared.

### TVH/15/23 Minutes

Consideration was due to be given to the minutes from the Committee meeting held on 28 July 2023. However, approval of these minutes would need to be deferred to the next Committee meeting in December 2023 as attendance at this meeting was inquorate.

AGREED that consideration of the minutes of the Committee meeting on 28 July 2023 be deferred until the next Committee meeting in December 2023.

### TVH/16/23 North East and North Cumbria Integrated Care Strategy / Joint Forward Plan

The Committee received a presentation on the implementation of the North East and North Cumbria Integrated Care Strategy and associated Joint Forward Plan (included within the papers). Led by the North East and North Cumbria Integrated Care Board (NENC ICB) Director of Strategy and Planning, and supported by the NENC ICB Director of Place Based Delivery (In-Hospital Care), key aspects included:

- Process: Developing the Joint Forward Plan
  - National Guidance
  - NHS Plan aligned to our Partnerships
  - How the Plans fit together
  - Process and Timeline
  - Feedback
- Content: Sections of the Joint Forward Plan
  - North East and North Cumbria Plan

- Service Action Plans
- Enabler Action Plans
- Place Action Plans
- Tees Valley Priorities and Strategic Context
- March 2024 Refresh

As per national guidance, the overarching purpose of the Joint Forward Plan (JFP) was to demonstrate how the ICB and its associated NHS Trusts would arrange and / or provide NHS services across the totality of healthcare. Allied to this, it would need to show how legal requirements for the ICB would be met, as well as support the delivery of the NHS Mandate and NHS Long-Term Plan across its footprint (the latter of which would end during the five-year period covered by the JFP (2023/24-2028/29) and would require a refresh).

The medium-term JFP sits between the 10-year partnership-based Integrated Care Strategy (focusing on population health), and the annual NHS Operating Plan (focusing on NHS activity, finance, performance, and workforce). It comprises a host of detailed Action Plans and acts as a summary document. The timeline for its construction was outlined, including opportunities for stakeholder feedback (which was widely encouraged, properly considered, and sometimes acted upon within the context of varying and occasionally directly opposing views). The final version was approved at last week's ICB meeting, and there were plans for an easy-read document given its existing detail and length. An annual update would take place each March (though maintaining the five-year horizon), and the ICB would seek input from the public, service-users, families / carers, Elected Members, partners, etc., at any point in time.

Feedback received on the proposed content of the JFP revealed several themes. Ensuring the appropriate use of language (to aid readability and avoid stigmatisation) was a key element, as was the need for clarity around the plan's objectives (including measurable indicators). Balancing local focus within a North East and North Cumbria footprint was always likely to be a challenge given the large geographic area the plan covers, though health and care issues were often replicated across numerous different locations.

Reflecting the system-wide priorities established through the NENC Integrated Care Partnership (ICP) Better health and wellbeing for all strategy, the JFP comprised fifteen service Action Plans which now included trauma-informed services (not originally within the draft version) as well as women's health (acknowledging that provision was not always right for all women and recognising the national women's health strategy). Underpinning progress on these fifteen topics were several 'enabler' Action Plans concerning aspects such as workforce, finance, data and digital, estates, and environmental sustainability.

From a sub-regional perspective, Tees Valley priorities were outlined, though it was noted that even this smaller part of the overall North East and North Cumbria coverage was made up of a collection of five Local Authority areas each with its own characteristics (common themes did, however, exist, some of which could be viewed as unique to Tees Valley). Recognising the need for strong alignment with Health and Wellbeing Boards, five Tees Valley pillars that supported delivery of organisational, place and system plans had been identified – prevention; admission avoidance and hospital discharge (keeping hospitals / urgent care settings available for those who really need them); mental health, learning disabilities and autism (across all age

bands); reducing health inequalities; and sustainability. Ultimately, health promotion and prevention should be at the root of everything services do.

Mindful of the JFPs annual March refresh, the NENC ICB had already identified required improvements in relation to clearer implementation of its content, as well as greater acknowledgement of the voluntary, community and social enterprise (VCSE) sector which plays such an important role in supporting health and care provision. Specific focus on general practice (GPs seeing more people than ever yet still the public continue to raise concerns about access), long-term conditions, and dementia (better clarity over future plans) would also feature. Recognition of anticipated changes to ICB resourcing (not to actual healthcare spend, though) would also be factored in.

Committee comments / questions centred predominantly on the JFPs service Action Plans. In response to a Member query around women's health, it was confirmed that there was already a specific piece on maternity matters within the 'best start in life' section of the plan (part of which was an attempt to drive improvements around pre-birth mental health for both mothers and fathers). For the autism strand, Members expressed a wish to see more autistic-friendly organisations and greater awareness of this condition – officers acknowledged the need for services that can serve all people by making any reasonable adjustments to its existing offer in the context of ongoing resource / demand challenges. With reference to the trauma-informed element of the plan, the Committee felt that numerous organisations needed to be involved in developing this aspect, not just Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), with officers adding that it was the ICBs desire for all healthcare services and their staff to have a basic awareness of trauma so individuals were less likely to experience further negative responses to a previous event.

Ensuring relevance for local areas within an overarching plan, and the inclusion of measurable targets, was debated, with the Committee also emphasising that aspects of good practice within a certain location should be shared on a wider North East and North Cumbria level. Officers described the national context which impacted upon regional planning, with NHS England publishing its operating framework each year setting out key requirements for the whole sector which ICBs then needed to adjust to (including any financial repercussions) – the NHS Long-Term Plan also needed to be taken into consideration. Regarding targets, there were measurables within individual Action Plans that were not reflected within the JFP – the ICB was considering how it could best represent these as part of future versions. As for the dissemination of good practice, the ICB Learning Board enables the sharing of ideas and experiences, with a recent example being the standardisation of specifications for the urgent care offer (a key reason why North Tees and Hartlepool NHS Foundation Trust performs well compared to other NHS Trusts).

Welcoming the emphasis on partnerships and the inclusion of Tees Valley-specific priorities, Members noted the additional pressures that could be created as a result of good performance as services are asked to support similar functions outside their organisation. Officers stated that there were situations where this would occur, and that the ICB was trying to meet demand in the best way possible within the context of a restrictive workforce. In response, the Committee highlighted the value of the voluntary sector in providing additional support to statutory services, with numerous newly retired people willing to give their time – further developing VCSE relationships to assist with the overarching health and care offer should therefore be a key part of future planning.

Commenting on the expected focus on general practice as part of the JFP 2024 refresh, the Committee noted the ability for female patients to request to see a female GP and highlighted instances where a male patient had experienced difficulties requesting an appointment with a male GP. Officers were happy to follow-up specific cases outside this meeting, though confirmed that gender preference should be offered to patients.

AGREED that the North East and North Cumbria Integrated Care Strategy / Joint Forward Plan update be noted.

### **TVH/17/23 Tees, Esk and Wear Valleys NHS Foundation Trust - CAMHS Update**

Consideration was given to an update on the current situation regarding the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) Child and Adolescent Mental Health Services (CAMHS). Presented by the TEWV CAMHS Head of Service, and supported by the TEWV Managing Director – Durham, Tees Valley and Forensic Care Group and Deputy Chief Executive, content in relation to children and young people services was as follows:

- Within the context of TEWVs previous Care Quality Commission (CQC) inspection outcomes and the issues this had raised (waiting lists, processes to manage risk, etc.), the five key areas of focus were outlined:
  - Waits: including what to do whilst waiting.
  - Staffing: vital issue, with a significant pressure area around Consultant Psychiatrists; realigning budgets; looking at skills mix and working with medical leadership to address gaps.
  - Caseload / caseload management: constantly reviewing; size of caseloads was previously flagged by the CQC – this had since been addressed.
  - Training: do this in partnership with acute Trusts and the voluntary sector (e.g. Oliver McGowan training).
  - Community Transformation: strong partnership arrangements within Tees Valley – helps to deliver services in different ways.

Work to develop the service and address concerns raised by the CQC had continued, and it was hoped that improvements made would be reflected when the CQC next inspects.

- The iThrive framework was explained, with the broad expectation that around 80% of those approaching CAMHS will only require advice to continue 'thriving'. Of the remaining 20%, around two-thirds to three-quarters would require focused goals-based input (e.g. low-intensity cognitive behavioural therapy (CBT)), with the rest being split between either those who need more extensive and specialised goals-based help, and those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services.
- Despite ongoing challenges, TEWVs 'Getting Help' and 'Getting More Help' teams compared favourably with national benchmarks, the Specialist Eating Disorders team was consistently compliant with national access standards, and Crisis and Intensive Home Therapy teams performed consistently well with high call handling rates and compliance with the four-hour response requirement for urgent referrals (both typically 90-96%). The Committee was reminded that TEWVs in-patient

CAMHS provision within the Tees Valley region had ceased and was instead being provided by another Trust at the old West Lane Hospital, Middlesbrough site. However, TEWV was still jointly responsible for overseeing / managing the crisis pathway.

- There was a key pressure around neurodevelopmental assessments (autism and ADHD), demand for which had significantly increased since the emergence and impact of COVID. Assessment completed today had waited 18 months to two years, and the waiting list continued to grow. This was a national issue and was an area of focus for the Trust as part of whole-system planning and ICB commissioning.
- Several elements in the ongoing management and delivery of services were highlighted, including the Trust's 'Keeping in Touch (KIT)' process (which helps mitigate any risks associated with those waiting to access the existing offer), the impact of a young person's Engagement Lead to drive the co-production of care delivery and service development (linking-in with all teams to embed good practice and ensure appropriate engagement with / input of young people), and positive examples of joint-working with Local Authorities (e.g. involvement with family / multi-agency hubs, including an area of focus on perinatal mental health). The roll-out of Primary Care Network (PCN) practitioners to support general practices with the mental health and wellbeing of young people was also noted, as were schools-based Mental Health Support Teams (MHSTs) which were delivered by voluntary, community and social enterprise (VCSE) organisations (unique to Tees Valley) who already had contacts / relationships with schools.
- Transformation plans were relayed, with the intended expansion of MHSTs and whole-system offer across Teesside, support with family hubs, recovery plans in relation to the neurodevelopmental pathway, and development of the 'Getting More Help' element to better manage expectations and meet demand. The Trust was also looking at smarter ways of working to help with recruitment (e.g. virtual clinic model).

Reference was also made to an additional 'benchmarks and performance data' paper which included response times for the Crisis service from September 2022 to August 2023 (demonstrating significant improvement in the percentage of patients seen face-to-face within four hours by a suitably trained practitioner), and single point of contact (SPOC – the team receiving the initial call for help) demand with regards referrals and caseloads (April 2022 to July 2023), and access and waiting times (May 2022 to October 2023). It was emphasised that some areas in the UK only accepted referrals to CAMHS from professionals – for TEWV, an open referral process was in operation (which therefore impacts upon volume).

The supplementary performance document highlighted the number of young people awaiting assessment per individual CAMHS team across the Tees Valley, though it was acknowledged that there were some data quality issues which needed to be addressed – assurance was provided that each team had a patient tracker list (as part of the KIT process) which was continually checked and followed up on. Information was also given on CAMHS Eating Disorders which showed the percentage of children and young people (routine cases) waiting four weeks or less (as per National Institute for Health and Care Excellence (NICE) guidelines) from referral to the start of treatment from April 2021 to August 2023. For urgent cases, issues with the data

prohibited inclusion and were being addressed internally to get an accurate picture of compliance with NICE advice (within one week from first contact to start of treatment).

In response to TEWVs update, the Committee began by welcoming progress on the support provided via the SPOC, though raised the continuing need to break down barriers for those struggling to access services. Members acknowledged pre-COVID pressures which had been exacerbated by the pandemic, and heard that referrals for core services had broadly plateaued, whilst demand for specialist autism / ADHD element had surged.

Whilst praising TEWVs engagement with partners, the Committee encouraged connectivity with children's charities in terms of service development to ensure the voice of young people was at the forefront of future planning. Subsequent confirmation that TEWV already included HeadStart within its partnership groups was welcomed.

A question was raised around out-of-hours access and how this was currently being managed / delivered. TEWV confirmed that a bespoke approach to this aspect of the service was in place at present, and that additional slots were made available during peak times. The MHST also supported the alleviation of potential issues (though was not in every school – TEWV subsequently agreed to provide further details on the existing MHST offer), and it was the ambition to get full MHST coverage across the whole of the Tees Valley, though this would likely take time due to resource limitations.

The Committee noted the statistics around eating disorders and also drew attention to the need for services to be mindful of increases in self-harm incidents which could often be hidden (though, in some cases, was becoming more obvious). TEWV officers commented that it was not possible to funnel all young people into specialist services, and that partners across the health and care system needed to keep working together to lessen the likelihood of individuals getting to a point where they harm themselves.

AGREED that:

- 1) the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) CAMHS update be noted.
- 2) further information be provided by TEWV as requested by the Committee.

**TVH/18/23 Tees, Esk and Wear Valleys NHS Foundation Trust - Adult Learning Disability Respite Services Update**

Consideration was given to an update on the current situation regarding the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) adult learning disability respite provision. Led by TEWVs Durham, Tees Valley and Forensic Care Group Director of Operations & Transformation (CAMHS & LD), and supported by the TEWV Managing Director – Durham, Tees Valley and Forensic Care Group and Deputy Chief Executive, past and current context was noted as follows:

- TEWV is commissioned to provide adult learning disability (ALD) respite services for the population of Teesside from two sites – Asgarth (Durham Road, Stockton – 6 beds) and Bankfields Court (Middlesbrough – 5 beds).

- As previously noted during the last update to the Committee (December 2021), in 2019, the Care Quality Commission (CQC) identified that these facilities did not meet Mixed Sex Accommodation (MSA) guidance – action was undertaken to comply with requirements, a by-product of which was a reduction in the number of days families were able to access services.
- In 2020, a project steering group completed a comprehensive review of delivery models and building options. This work was paused due to the pandemic but restarted recently upon the appointment of a new director and general manager in ALD services – this included engagement with families, around 70 of which access this offer.
- The estate is a significant challenge, with both buildings remaining in poor condition due to age.

The Committee was then informed of TEWVs vision for these services, the longer-term aim being to provide creative health and social care options that are responsive, with fair and equitable access, reflective of the evolving needs of the population, and go beyond a solely bed-based service. Recent developments towards this goal included the re-opening of conversations with stakeholders systemwide (including Local Authorities across Teesside and the NENC ICB) to explore new models of sustainable respite provision across ALD in Teesside, engaging with regulators to inform registration requirements linked to ‘Right Care, Right Support, Right Culture’, and the September 2023 appointment of a Programme Lead for transforming TEWVs ALD bed model. Officers provided assurance that TEWV remained in regular contact with families regarding the existing situation and fully recognised the profound disabilities of those accessing its services.

Members responded by requesting clarification around whether the number of beds available at the two sites had reduced – officers agreed to confirm any recent changes following this meeting.

Reflecting on the existing offer, the Committee noted that some may misguidedly view the service as a hospital, and questioned if TEWV was proposing that respite provision should be delivered by social care partners. Drawing attention to the regulatory requirement on TEWV to provide a certain level of service based on the licence it holds, officers confirmed that nothing was being ruled out in terms of future delivery options, though providing the best support for families would remain the priority. Potential alternatives to the existing offer would need to be worked through with partners as part of a broader conversation on ALD services, and assurance was given that TEWV was not attempting to offload this element despite previous regulatory challenges.

Referencing the systemwide-focus, the Committee welcomed the broader engagement with, and by, partners. However, there remained an issue with those leaving education who were, along with their families, at risk of feeling alone without the appropriate support in place as they moved into adult services. Officers stated that challenges around transition were very much recognised and an area which required improvement – TEWV would be working on this with the NENC ICB and other partners. Developing other models of support away from the bed-based-only offer may help with making the service more accessible to those transitioning into adult provision.

Emphasising the value of the respite offer for families and thanking those who cared for their loved ones (in turn, saving health and care organisations significant money), the Committee asked if services were flexible enough to meet the needs of those accessing them. TEWV reiterated its continuing close engagement with families who were not giving any indication of a lack of flexibility regarding access, highlighting the positive feedback it had received via the Friends and Family Test, as well as the soon-to-be-restarted service-user group. In addition, a Lived-Experience Lead had been brought into the ALD service to aid developments. Opportunities for families to submit their views were also promoted via a regular newsletter – the Committee subsequently requested a recently issued example of this communication.

AGREED that:

- 1) the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) adult learning disability respite provision update be noted.
- 2) further information be provided by TEWV as requested by the Committee.

### **TVH/19/23 Work Programme 2023-2024**

Consideration was given to the Committee's work programme for 2023-2024.

Discussion ensued around the potential agenda for the next Committee meeting on 15 December 2023. It was agreed to retain the intended items on winter planning, strategic options for non-surgical oncology, and community water fluoridation, as well as add an update on NHS dentistry (to complement the latter). The North East Ambulance Service NHS Foundation Trust (NEAS) and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) performance updates would instead be requested as part of the two Trusts Quality Account submissions at the Committee meeting scheduled for March 2024.

Reference was also made to the list of 'To be scheduled' items included within the work programme document. Members discussed potential options for covering these issues either as part of a formal Committee meeting or outside these quarterly dates via informal sessions / email updates.

AGREED that the Committee's work programme for 2023-2024 be noted.