



Committee

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Agenda

Date:

Tuesday 21 April 2026 at 4.30 pm

Venue:

Council Chamber, Dunedin House, Columbia Drive, Thornaby, Stockton-on-Tees TS17 6BJ

Cllr Marc Besford (Chair)

Cllr Nathan Gale (Vice-Chair)

Cllr Stefan Barnes, Cllr Carol Clark, Cllr John Coulson, Cllr Lynn Hall, Cllr Jack Miller, Cllr Vanessa Sewell and Cllr Sylvia Walmsley

Agenda

1. **Evacuation Procedure** (Pages 7 - 10)
2. **Apologies for Absence**
3. **Declarations of Interest**
4. **Minutes** (Pages 11 - 16)

To approve the minutes of the last meeting held on 17 February 2026.

5. **Stockton-on-Tees Wellbeing Hub** (Pages 17 - 28)
6. **Action Plan for Agreed Recommendations - Review of Stockton-on-Tees Adult Carers Support Service** (Pages 29 - 34)
7. **Overview Report: SBC Adults, Health & Wellbeing** (Pages 35 - 52)
8. **Regional Health Scrutiny Update** (Pages 53 - 110)
9. **Chair's Update and Select Committee Work Programme 2026-2027**(Pages 111 - 114)



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, Gary Woods 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

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Council Chamber, Dunedin House Evacuation Procedure & Housekeeping

Entry

Entry to the Council Chamber is via the South Entrance, indicated on the map below.



In the event of an emergency alarm activation, everyone should immediately start to leave their workspace by the nearest available signed Exit route.

The emergency exits are located via the doors on either side of the raised seating area at the front of the Council Chamber.

Fires, explosions, and bomb threats are among the occurrences that may require the emergency evacuation of Dunedin House. Continuous sounding and flashing of the Fire Alarm is the signal to evacuate the building or upon instruction from a Fire Warden or a Manager.

The Emergency Evacuation Assembly Point is in the overflow car park located across the road from Dunedin House.

The allocated assembly point for the Council Chamber is: D2

Map of the Emergency Evacuation Assembly Point - the overflow car park:



All occupants must respond to the alarm signal by immediately initiating the evacuation procedure.

When the Alarm sounds:

1. **stop all activities immediately.** Even if you believe it is a false alarm or practice drill, you MUST follow procedures to evacuate the building fully.
2. **follow directional EXIT signs** to evacuate via the nearest safe exit in a calm and orderly manner.
 - do not stop to collect your belongings
 - close all doors as you leave
3. **steer clear of hazards.** If evacuation becomes difficult via a chosen route because of smoke, flames or a blockage, re-enter the Chamber (if safe to do so). Continue the evacuation via the nearest safe exit route.
4. **proceed to the Evacuation Assembly Point.** Move away from the building. Once you have exited the building, proceed to the main Evacuation Assembly Point immediately - located in the **East Overflow Car Park**.
 - do not assemble directly outside the building or on any main roadway, to ensure access for Emergency Services.

5. await further instructions.

- **do not re-enter the building under any circumstances without an “all clear”** which should only be given by the Incident Control Officer/Chief Fire Warden, Fire Warden or Manager.
- do not leave the area without permission.
- ensure all colleagues and visitors are accounted for. Notify a Fire Warden or Manager immediately if you have any concerns

Toilets

Toilets are located immediately outside the Council Chamber, accessed via the door at the back of the Chamber.

Water Cooler

A water cooler is available at the rear of the Council Chamber.

Microphones

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

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Adult Social Care and Health Select Committee

A meeting of the Adult Social Care and Health Select Committee was held on Tuesday 17 February 2026.

Present: Cllr Marc Besford (Chair), Cllr Carol Clark, Cllr John Coulson, Cllr Lynn Hall, Cllr Barbara Inman (sub for Cllr Nathan Gale (Vice-Chair)), Cllr Mohammed Mazi (sub for Cllr Jack Miller), Cllr Vanessa Sewell, Cllr Sylvia Walmsley

Officers: Graham Lyons, Carolyn Nice, Rob Papworth (A,H&W); Francesca Magog, Gary Woods (CS)

Also in attendance: Cllr Pauline Beall (SBC Cabinet Member for Health and Adult Social Care)

Apologies: Cllr Nathan Gale (Vice-Chair), Cllr Jack Miller

ASCH/63/25 Evacuation Procedure

The evacuation procedure was noted.

ASCH/64/25 Declarations of Interest

There were no interests declared.

ASCH/65/25 Minutes

Consideration was given to the minutes from the Committee meeting held on 16 December 2025. Attention was drawn to the following:

- Attendance: The SBC Director of Adults, Health and Wellbeing was present at the December 2025 meeting but was not included in the 'Officers' section – this would be rectified accordingly.
- Minutes: The Committee welcomed the sharing of a simplified version of the Tees Valley Care and Health Innovation Zone Strategic Programme Board minutes following its meeting in October 2025, and encouraged similar future updates on a timely basis so Members were appropriately sighted on key developments (including associated staffing appointments) in relation to this initiative. It was noted that a further email update had been requested following the recent Board meeting in January 2026.
- Stockton-on-Tees Independent Complaints Advocacy – Annual Report: Further to the Committee query on whether the 75% figure for those accessing the Independent Complaints Advocacy service via telephone and email could be broken down into a percentage for each, the Operations Manager from the Carers Federation had since confirmed that this represented 52% for telephone contact and 23% for email.

AGREED that, subject to the required amendment to the attendance section, the minutes of the meeting on 16 December 2025 be approved as a correct record and signed by the Chair.

ASCH/66/25 Scrutiny Review of Stockton-on-Tees Adult Carers Support Service

Consideration was given to the draft final report for the Committee's Scrutiny Review of Stockton-on-Tees Adult Carers Support Service. Specific attention was drawn to the following:

- Paragraph 4.45 - 4.46 (page 24): Following requests at the informal 'summary of evidence' session in January 2026, additional information regarding the recent Stockton-on-Tees Borough Council (SBC) decision to extend its partnership with Mobilise (in collaboration with other North East Local Authorities) had been provided and incorporated.
- Recommendations (page 11-12 / 42-43): As discussed at the informal 'summary of evidence' session in January 2026, the recommendation in relation to Mobilise had been strengthened (see 2b and 2c).

Reflecting on the review, Members hoped that the Committee had been a 'critical friend' of the local Adult Carers Support Service and that its findings and subsequent recommendations would make a positive difference to the Borough's much-valued carers. Members recognised the debt that organisations had to those people undertaking a caring role, and encouraged the continuation of work to enhance and expand the current offer (with the value of the Time Out element, the increased facilitation of peer support opportunities, and the development of the service to appeal to those transitioning from their role as young carers specifically emphasised). Communication of the support available to local carers was key and needed to be promoted by the Council's relevant partners (particularly those within the health sector).

The SBC Cabinet Member for Health and Adult Social Care thanked the Committee for its work on this scrutiny topic and was pleased that Members were able to visit the LiveWell Dementia Hub as part of the evidence-gathering phase – the recommendation calling for the new carers awareness e-learning module to be rolled out to Members (as well as SBC staff and external partners) was also praised and needed to be monitored for uptake. Welcoming the Committee's recommendations, the SBC Director of Adults, Health and Wellbeing added that the review had highlighted areas where the service could develop, as well as showing the benefits of a range of support. Assurance was given that the extended partnership with Mobilise would be appropriately monitored to ensure effectiveness (it was noted that SBC was the lead Local Authority regarding the regional arrangements with this external provider), with ongoing efforts to simplify the SBC 'front door' also contributing towards an improved future offer for those carers seeking to access help.

The Committee approved the content of the draft final report and was informed that the agreed version would be presented to Cabinet in March 2026. The Chair thanked Members and officers for their contributions throughout the review process.

AGREED that the Stockton-on-Tees Adult Carers Support Service final report be approved for submission to Cabinet.

ASCH/67/25 Action Plan for Agreed Recommendations - Review of Reablement Service

Consideration was given to a draft Action Plan setting out how the agreed recommendations from the recently concluded review of Reablement Service would be implemented, including success measures and target dates for completion. Presented by the SBC Strategic Development Manager (Adults & Health), it was stated that many of the proposed actions were wrapped up in the ongoing work being undertaken through the Council's *Powering Our Future* (POF) programme, with specific attention drawn to the following:

- Recommendation 2 (North Tees and Hartlepool NHS Foundation Trust (NTHFT) reviews its discharge processes to ensure that eligible individuals who are ready to leave hospital are made fully aware of local reablement provision and are referred to it upon discharge from hospital): Proposed work on discharge processes as part of a planned review of hospital discharge pathways would be key to the future promotion of, and access to, the local reablement offer.
- Recommendation 7b (To increase public understanding of the Borough's reablement offer, SBC undertakes a joint communications campaign (repeated on a periodic basis) with NTHFT and the VCSE sector around local reablement services, making it clear what they involve, how they are accessed (including contact details), and the principal benefits): An intended communications plan was being informed by the work of the local Making It Real Board (MIRB) which was helping obtain a clearer view of public feelings on the way services were / should be promoted.
- Recommendation 8 (Healthwatch Stockton-on-Tees be asked to consider facilitating a public survey in 2026 to establish the availability of information on the local reablement offer for those who had spent time in hospital and the experiences of those who had received support from the service): Recent conversations with Healthwatch Stockton-on-Tees had confirmed a willingness for them to undertake work on assessing the local reablement offer in the coming year.

The Committee welcomed the inclusion of actions to address reablement-related issues involving North Tees and Hartlepool NHS Foundation Trust (NTHFT), particularly in relation to hospital discharge. Confirmation was then sought, and subsequently given, on the identity of the referenced SBC Senior Communications Officer, and praise was offered to Healthwatch Stockton-on-Tees for agreeing to support this post-review phase. Regarding the latter, Members also called for the Council to ensure its own engagement with those who had received support from the Reablement Service so crucial feedback could be obtained from their viewpoint – officers acknowledged the need to better understand how services were impacting lives (not just the numbers using them).

Continuing the theme of pursuing views on service provision, the Committee highlighted those residents within the Borough who had family living elsewhere in the country and who were seeking information (often via the SBC website) on the local reablement offer, potentially comparing this to what was available where they were based – trying to obtain the wider family perspective on existing services was also encouraged.

In hospital discharge-related matters, Members again drew attention to Nuffield Health Tees Hospital in Norton, repeating previously relayed concerns about a lack of pre-hospital and pre-discharge checks. The SBC Director of Adults, Health and Wellbeing agreed to follow this up.

The Committee approved the content of the Action Plan as presented and determined that the first update on progress of the agreed actions would be required in approximately six months (September 2026).

AGREED that the Action Plan in relation to the recently completed Scrutiny Review of Reablement Service be approved.

ASCH/68/25 CQC / PAMMS Inspection Results – Quarterly Summary (Q3 2025-2026)

Consideration was given to the latest quarterly summary regarding Care Quality Commission (CQC) inspections for services operating within the Borough (Appendix 1). Six inspection reports were published during this period (October to December 2025 (inclusive)), with attention drawn to the following Stockton-on-Tees Borough Council (SBC) contracted provider:

Providers rated 'Good' overall (1)

- Care Matters (Homecare) Limited Stockton retained its 'Good' overall rating which it last attained during a previous focused inspection (the outcomes of which were published in January 2021). This latest outcome was deemed encouraging given the Committee's past review of Care at Home which culminated in a range of recommendations to consolidate and strengthen the local offer.

The remaining five reports involved primary medical care services. The Dovecot Surgery, The Eaglescliffe Medical Practice, and Yarm Medical Practice were all graded 'Good' overall, whilst Yarm Lane Dental Practice was meeting regulations in all five inspection domains. However, A Vita Limited was graded 'Requires Improvement' (repeating its overall rating from the previous inspection in 2023) following two identified breaches of the legal regulations regarding 'safe care and treatment' (in relation to infection control and safe management of medicines) and 'good governance' (in relation to there being no clear oversight of governance).

The Committee expressed concern over the CQCs findings on services provided by A Vita Limited and asked if this could be followed up with relevant authorities. It was noted that the briefing report included within the papers stated that '*this service was archived on 26 September 2025. Archived services are ones which are no longer part of a provider's registration with CQC.*' – enquiries would be made following this meeting as to what this statement actually meant in terms of the current offer provided by this service.

Focus turned to the section on Provider Assessment and Market Management Solutions (PAMMS) inspections (Appendix 2), of which there were eleven reports published during this period (October to December 2025 (inclusive)):

- Stockton Lodge Care Home, The Beeches Care Home, Chestnut Lodge Nursing Home, The Poplars Care Home, Hadrian Park, Elton Hall Care Home, and Mandale Care Home all maintained an overall rating of 'Good' – the same grading all seven services achieved following their previous inspections. Both The Beeches Care Home and Mandale Care Home had evidenced required

improvements in the 'suitability of staffing' domain, whilst Hadrian Park had strengthened its offer of 'personalised care and support'.

- Green Lodge was upgraded to 'Good' overall following the 'Requires Improvement' judgement it had received after its previous inspection (published in August 2024). All domains were now deemed to be of a 'Good' standard following past shortfalls regarding 'safeguarding and safety' and 'quality of management'. Similarly, Allington House was upgraded to 'Good' overall after sufficient progress was made in addressing concerns relating to 'personalised care and support' and 'safeguarding and safety' (areas which were identified as requiring improvement during its previous inspection that was published in February 2025), whilst The Maple Care Home received an overall rating of 'Good' (with all domains receiving this status) which represented a significant upgrade on its previous inspection when all but the 'safeguarding and safety' domain required improvements.
- The White House Care Home had been upgraded from 'Good' to an overall rating of 'Excellent', reflecting evidence of high-quality provision in the 'personalised care and support' and 'suitability of staffing' domains (both of which were rated 'Excellent').

Praising the achievements of The White House Care Home and referencing its support of '*education sessions and placements from a local college*', Members spoke of their understanding that this training was taking place over a longer period of time (not just a few days) and wondered if this was normal practice for all services across the Borough – it was stated that this query would be followed-up with the SBC Quality Assurance and Compliance (QuAC) Team after the meeting. The Committee also drew attention to the excellent events programme employed by the service which allowed residents to engage in a range of activities outside of the home (both in the local community and further afield).

AGREED that the CQC / PAMMS Inspection Results – Quarterly Summary (Q3 2025-2026) report be noted.

ASCH/69/25 Health and Wellbeing Board – Previous Minutes (September, October & December 2025)

Consideration was given to the minutes of previous Health and Wellbeing Board meetings which took place in September, October and December 2025.

AGREED that the minutes of Health and Wellbeing Board meetings which took place in September, October and December 2025 be noted.

ASCH/70/25 Chair's Update and Select Committee Work Programme 2025-2026

CHAIR'S UPDATE

The Chair had no further updates.

WORK PROGRAMME 2025-2026

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 17 March 2026, but due to the annual North Tees and Hartlepool NHS Foundation Trust Quality Account item being moved to the May

2026 meeting (historically, this was always presented in March), as well as the recent conclusion of the Committee’s latest in-depth review of the local Adult Carers Support Service, there were no items currently scheduled. Following discussion, it was agreed that a formal update on the Tees Valley Care and Health Innovation Zone should be sought for the March 2026 date, though if this could not yet be provided, the March 2026 meeting would be stood down.

AGREED that the Chair’s Update and Adult Social Care and Health Select Committee Work Programme 2025-2026 be noted.

Chair:

Stockton-on-Tees Wellbeing Hub

Summary

The Committee will receive a presentation on the Stockton-on-Tees Wellbeing Hub.

Detail

1. The Stockton-on-Tees Wellbeing Hub, based in Wellington Square, is a one-stop shop for advice, guidance and support relating to any wellbeing issues. Open in July 2024 (<https://www.tevv.nhs.uk/new-wellbeing-hub-opens-for-stockton-on-tees-residents/>), the Hub brings together a range of expertise and organisations under one roof, making it easier for people to access local help and support.



The Hub offers support with employment, money, housing, isolation, loneliness and mental health, bereavement, or drug and alcohol support. Further information can be accessed via <https://www.stocktonwellbeinghub.org/>.

2. Now the Hub has become established, an approach was made to Catalyst (a charity which acts as the overarching body to further the impact, reputation and opportunities of the voluntary, community and social enterprise (VCSE) sector within the Borough, and which leads on the Hub project) for an update on its achievements since opening. Information was requested on the following:

- Brief overview of the original aims / objectives of the Hub, including when it opened, where it is, and which organisations are involved.
 - What have been the main changes in the way it operates over time (including any partners who are no longer involved)?
 - How is the Hub promoted?
 - How many people have accessed / are accessing the Hub and for what reason/s (including any data that can evidence this)?
 - Key achievements, including the impact the Hub is having on the local population.
 - Working with partners – is this effective; are there any areas / relationships which could be improved?
 - Any developments planned for the future?
3. A presentation has been prepared in advance and is included within these meeting papers. The Wellbeing Hub Project Manager is scheduled to be in attendance to provide a summary and address any Member comments / questions.

Name of Contact Officer: Gary Woods

Post Title: Senior Scrutiny Officer

Telephone Number: 01642 526187

Email Address: gary.woods@stockton.gov.uk



Community Mental Health Transformation

STOCKTON-ON-TEES



Introduction



In 2021, NHS England funding was secured to initiate community mental health transformation for Tees Valley.



Healthwatch led and supported feedback from local communities for the infrastructure of mental health services (2021) with recommendations presented for Stockton's Community Mental Health Transformation work.



Stockton Lived Experience voice in designing services *has been and continues to be critical* to the Community Transformation work.



Have you heard about Community Mental Health Transformation and the Wellbeing Hub already?



Wellbeing Hub Official Opening - July 2024

Partners Plus Others



What to Expect:

- A warm welcome
- Information on how to access wellbeing and mental health
- Activities to support wellbeing
- Pre-booked appointments with a range of support organisations.
- ... and most importantly a supportive and friendly environment.

We're here for you when you need us!

Picture: (left to right) Patrick Scott, Managing Director for Durham, Tees Valley and Forensic Care Group, Tees, Esk and Wear Valleys NHS Foundation Trust, Sarah Jones, Wellbeing Hub Project Manager, Catalyst, Stockton, Ian Bartlett, General Manager, Stockton District Advice and Information Service, Councillor Pauline Beall is Stockton-on-Tees Borough Council’s Cabinet Member for Adult Social Care and Cllr Ann McCoy (Billingham ward), Stockton-on-Tees, Borough Council, Matt Boxall, Centre Manager for Wellington Square, Knight Frank



Measuring Success

Qualitative and quantitative methods including

- Footfall
- Case Studies
- Impact
- Evaluations

ACCESS ADVICE AND SUPPORT
TO HELP YOUR MENTAL
HEALTH AND WELLBEING



Data

Walk Ins (inc referral in)	1660
Mental Health	557
Housing	201
Drug and Alcohol	77
Bereavement	85

Activity attendance is growing monthly (with thanks to public health small grants funding and VCSE offering services onsite without cost)

Case Stories

1. Following a visit to the Wellbeing Hub, a 78-year-old individual seeking support with caring responsibilities and bereavement was connected to appropriate services, including carers support, bereavement support, and tailored wellbeing activities, resulting in improved reassurance and a clear plan for ongoing support.

Quote

“I’m glad I’ve taken the first step in coming to the Wellbeing Hub and I feel better for coming and knowing that there is support available.”

Comments from partners working onsite with us

We love the ease of access, warm welcoming environment and friendly staff. We look forward to coming every week. The ability to co-locate together, share information and work as a multi-agency, holistic team to provide support to those needing it is **‘the best job in the world’**. It’s fantastico!!!

2. Walk in, man requested support for a water bill, trauma (family), housing concerns and being racially and sexually discriminated against. *Said he felt better talking to us, appreciated the time we took to help him, and has engaged with in person counselling support. Commented **‘I never knew you were here and could offer all this great support’**. He has done some volunteering with us and moved to another volunteer role with a view of feeling more confident to look for paid work in the future.*

3. Presented at CAB for council tax support; with consent I followed up and resolved a GP referral to Impact, completed referrals to Impact and Carers Support, alongside CAB financial support. He has an assessment booked with Impact and is awaiting a £250 carers grant. Impact of support: Referral gap identified and resolved, timely access to support secured, financial pressures reduced, and emotional wellbeing improved, with the person now engaged in support and presenting less distressed and more positive.

Quote: *“I’m grateful for the support—my money worries, mental health, and knowing carers support is there are helping me feel much better.”*

Single Referral Form for All Agencies



WELLBEING HUB
STOCKTON-ON-TEES

Welcome to Services
We will do our best to help!

Name: _____ D.O.B: _____
Address: _____
Postcode: _____ Telephone Number: _____
Email Address: _____ GP Surgery: _____
NHS Number (if known): _____ GP Name: _____

Reason for coming to talk to us today?
What's happening at the minute?
Who are you engaging with or seeing regularly, and what's working well? (this will enable us to build a clearer picture of your current support). e.g. Voluntary Sector, Wellbeing Services, Drug and Alcohol, Social Care, Mental Health Services
Any other information? Please include any risk or safeguarding information.
What would you like to achieve from coming today and the support that is offered?
Accessibility Information (Communication/Physical Difficulties) this could be support with reading, writing, getting about?.
Do you agree that we can discuss and share your information with all other organisations we work with to better support you? YES NO
Signed (person support will be provided to): Date: _____
Name of person completing this form: Organisation: Contact Details:

Information Sharing and Collaboration

Single shared form for all agencies delivering holistic person-centred care.



Access in Communities



7



Providers

Providers enable greater capacity of the VCSE sector to support those requiring mental health services and form part of the formal partnership.

Charity Number: 1059418 | Company Number: 03142447



Willie Maddren Centre, Riverside Stadium, Middlesbrough, TS3 6RS | Herlingshaw Centre, Normanby Road, South Bank, TS6 9AE



BECOME A VOLUNTEER - MAKE A DIFFERENCE



This role offers an opportunity for you to welcome people into the Wellbeing Hub, as the first person someone meets.

Volunteer Story ‘Volunteering at the Wellbeing Hub rebuilt my confidence after a career break, equipped me with key workplace skills, and empowered me to pursue a teaching assistant career’. **“Volunteering definitely contributed to believing in myself again and gave me the confidence to start my new career journey!”**

‘Volunteering has improved my confidence and increased my knowledge of the services available in the local area to support people's mental health and wellbeing’.

Stockton Volunteers

Volunteer Role for the Wellbeing Hub – Stockton Volunteers



Thank you for Listening



[Stockton Wellbeing Hub](#)



Email: hello@stocktonwellbeinghub.org



Contact me: Sarah.Jones@catalyststockton.org



Telephone 07946 072805



A 'ONE STOP' Wellbeing Hub for You!

No appointment needed, drop by and meet our friendly team Monday to Friday, 9am to 5pm. We're here for you when you need us.

What to Expect:

- A warm welcome
- Information on how to access wellbeing and mental health
- Activities to support wellbeing
- Pre-booked appointments with a range of support organisations.
- ... and most importantly a supportive and friendly environment.



We're here for you when you need us!

In partnership with core services:-



CONTACT DETAILS:

- 📞 01642 611922
- ✉️ hello@stocktonwellbeinghub.org
- 🌐 www.stocktonwellbeinghub.org/
- 📍 The Wellbeing Hub Stockton

Wellbeing Hub
Unit 5, Wellington Square,
Stockton-on-Tees TS18 1RG



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21 APRIL 2026

Action Plan for Agreed Recommendations – Review of Stockton-on-Tees Adult Carers Support Service

Summary

Members are asked to consider the proposed Action Plan setting out how the agreed recommendations from the review of Stockton-on-Tees Adult Carers Support Service will be implemented and target dates for completion.

Detail

1. The Committee's final report of the review of Stockton-on-Tees Adult Carers Support Service (see link below) was considered by Cabinet in March 2026. Cabinet accepted the recommendations contained within.

<https://moderngov.stockton.gov.uk/documents/s21633/Committee%20Report.pdf>
2. These are now subject to the procedure for monitoring the implementation of agreed recommendations. An Action Plan has been drawn up and is attached at **Appendix 1**. This sets out how the relevant departments will be taking forward the agreed recommendations and includes target dates for completion.
3. Members should consider and agree the Action Plan. The Committee will receive a detailed progress update on the implementation of recommendations approximately 12 months (or sooner if specifically requested) after the Action Plan has been agreed.

Name of Contact Officer: Gary Woods

Post Title: Senior Scrutiny Officer

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APPENDIX 1
ACTION PLAN: Review of Stockton-on-Tees Adult Carers Support Service

No.	Recommendation	Proposed Actions / Progress	Success Measures	Responsibility	Date
1	<p>In terms of general Stockton-on-Tees Adult Carers Support Service development, SBC should:</p> <p>a) Ensure measures are put in place as part of the review of the Council's 'front door' to strengthen identification of carers and the promotion of the local support offer (including the Stockton-on-Tees Adult Carers Support Service).</p> <p>b) Ascertain and consider the findings from the London School of Economics and Political Science (Care Policy and Evaluation Centre) research project on what support combinations help improve carers' lives and what works to facilitate availability of and access to this support.</p> <p>c) Consider ways to increase the response rate for its annual carers consultation survey.</p>	<p>Work to form part of the Powering our Futures work that is looking at developing the front door to provide a better experience for residents (and Carers) of Stockton accessing support and information around social care and support.</p> <p>Findings from the study to be matched against the offer given to Carers in SBC currently and help inform any future developments for the Carers Service.</p> <p>Introduction of an 'All Age Carers Strategy' to reinforce the authorities' commitment to carers and drive forward strategic priorities.</p> <p>Annual survey to be distributed by the carers service – including alternate ways to engage.</p>	<p>Annual Carers Survey.</p> <p>Results from this piece of work to be shared with Senior Management Team (SMT).</p> <p>Coproduced 'All Age Carers Strategy' is developed.</p> <p>Results from annual survey to be used to update action plan and shared with SMT.</p>	<p>Rebecca Gray / Rob Papworth / Calum Titley</p> <p>Rebecca Gray</p> <p>Rebecca Gray</p> <p>Rebecca Gray</p>	<p>August 2026</p> <p>September 2026</p> <p>April 2027</p> <p>September 2026</p>
2	<p>Regarding the partnership with Mobilise (the UK's digital platform for unpaid carers), SBC should:</p> <p>a) Develop its own in-house digital support offer for local carers to build on / complement the services</p>	<p>Work to form part of the Powering our Futures work that is looking at developing the front door to provide a better experience for residents (and Carers) of</p>	<p>Carers support and information to be clearly accessible digitally via the</p>	<p>Calum Titley / Rebecca Gray / Rob Papworth</p>	<p>August 2026</p>

APPENDIX 1
ACTION PLAN: Review of Stockton-on-Tees Adult Carers Support Service

No.	Recommendation	Proposed Actions / Progress	Success Measures	Responsibility	Date
	<p>available through this external provider.</p> <p>b) Ensure it has the necessary quality and performance controls in place (including the need to report on measurable targets) to monitor the effectiveness of this arrangement.</p> <p>c) Seek to understand any separate arrangements that Council's outside the Northeast have with Mobilise and whether these enhance the offer to carers more than the ongoing partnership with the 10 North East Local Authorities.</p>	<p>Stockton accessing support and information around social care and support.</p> <p>Performance indicators to be agreed with Mobilise and shared on a quarterly basis. Quarterly meetings with Mobilise to monitor progress and effectiveness of the project.</p> <p>Work to be undertaken to identify areas outside of the Northeast where Mobilise operate.</p> <p>Contact to be made with these areas to establish any differences in the offer from Mobilise and see how SBC could benefit from these differences.</p>	<p>front door of Adult Social Care.</p> <p>Outcome measures from the Annual Carers Survey.</p> <p>Mobilise to perform to the agreed standards and provide an effective service to the residents of SBC.</p> <p>Any areas of difference that could be of benefit to SBC would be discussed in the meetings with Mobilise.</p>	<p>Rebecca Gray</p> <p>Rebecca Gray</p>	<p>June 2026</p> <p>August 2026</p>
3	<p>In relation to the Stockton-on-Tees Adult Carers Support Service 'Time Out' element, SBC should:</p> <p>a) Complete an internal review of the booking system to identify ways of creating more flexibility for carers when requested a break from their caring role.</p> <p>b) Consider whether it would be appropriate to introduce a standing / means-tested charge for the service</p>	<p>Steering group to be formed to look at Timeout and the offer it provides for Carers.</p> <p>This work will be co-produced with Carers and will address the issues raised in both 3a and 3b.</p>	<p>Time Out service to develop to ensure it meets the needs of Carers in SBC.</p>	<p>Rebecca Gray</p>	<p>August 2026</p>

APPENDIX 1

ACTION PLAN: Review of Stockton-on-Tees Adult Carers Support Service

No.	Recommendation	Proposed Actions / Progress	Success Measures	Responsibility	Date
	to broaden this for more carers going forward, enabling greater sustainability of its provision and importance (as identified via the LGA Peer Assurance Challenge of SBC Adult Social Care in July 2024).				
4	Promotion of the Stockton-on-Tees Adult Carers Support Service offer to young carers should be strengthened so they are more informed about the support available to them when they reach 18.	Steering group to be developed to address this issue and the membership of this group to include Eastern Ravens and young carers to ensure any work is co-produced.	Annual Carers survey and feedback will indicate the success of this work. Performance measures already in place will be able to demonstrate and increase in the number of Young Carers accessing the service.	Rebecca Gray / Tracey Hamilton / Karen Shaw	August 2026
5	Work to address the waiting list for carers assessment and ensure these are delivered within 28 days as a standard.	Ensure robust recruitment to vacant roles and obtain support from wider asc workforce to bring this into line. Tracking and reporting of performance data to measure and monitor this.	Carers assessment waiting list reduced and waiting times brought into line with 28-day expectation.	Rebecca Gray	September 2026
6	Consideration should be given to the ways in which the Stockton-on-Tees Adult Carers Support Service can build on what appeals to young carers when they approach / reach 18 so they are more compelled to seek support in their caring role when they become young adults.	Steering group to be developed to address this issue and the membership of this group to include Eastern Ravens and young carers to ensure any work is co-produced.	Annual Carers survey and feedback will indicate the success of this work. Performance measures already in place will be able to demonstrate and increase in the number of Young Carers accessing the service.	Rebecca Gray / Tracey Hamilton / Karen Shaw	August 2026

APPENDIX 1**ACTION PLAN: Review of Stockton-on-Tees Adult Carers Support Service**

No.	Recommendation	Proposed Actions / Progress	Success Measures	Responsibility	Date
7	The new carers awareness e-learning module be rolled out to SBC staff, Members and external partners.	E-learning module is currently being developed and will be rolled to SBC staff initially and wider to external partners following this.	E-learning module in place and training delivered to both SBC staff and external partners.	Rebecca Gray / Vicki Ingham	June 2026
8	SBC further considers how the local support offer for carers can be promoted within the wider health system (including general practices and community settings).	Carers service to link with both the ICB, Tees Esk and Wear Valley NHS Mental Health Trust and the Acute Trust to ensure that the offer from the Carers Service is clearly sighted in these areas. Consider introduction of a Carers Action Board to drive forward carers agenda items and ensure commitment to the carers strategy.	Carers service is more widely promoted, and the source of any new referrals is able to capture the impact of this work. Formation of a Carers Action Board with representation from strategic partners.	Rebecca Gray / Rob Papworth Rebecca Gray	August 2026 April 2027
9	SBC provides a response to the Committee on the carer-related commentary included within the Care Quality Commission (CQC) final report on SBC adult social care (published in October 2025).	Response to be produced and shared with the ASCH committee	Response accepted by the ASCH committee	Rebecca Gray	August 2026 (in line with Committee meetings)

Overview Report: SBC Adults, Health and Wellbeing (Adult Social Care / Strategy & Transformation)

Summary

The Committee will receive an overview report from the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing directorate which provides details of key achievements and challenges in 2025-2026 for the Adult Social Care and Strategy & Transformation departments, as well as any emerging issues within these areas of Council activity.

Detail

1. In 2025, to facilitate the important overview function of scrutiny committees and provide the opportunity to hold SBC Cabinet Members and services to account, a decision was made to resume overview and performance reporting to the Council's Select Committees. It was agreed that this should take place twice-yearly.
2. The reporting of performance measures will not commence until September / October 2026, therefore this initial overview-only update will focus on key achievements and challenges for Council services during 2025-2026, along with any emerging issues that relevant scrutiny committees need to be aware of.
3. A report has been provided in advance and is included within these meeting papers. The SBC Cabinet Member for Health and Adult Social Care, the SBC Director for Adults, Health and Wellbeing, and the SBC Assistant Director – Adult Social Care are scheduled to be in attendance to provide a summary and address any Member comments / questions.
4. At this meeting, officers from the SBC Strategic Planning Team are also due to provide an update on how the performance information will be presented from the September / October 2026 cycle onward.

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REPORT TO ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

21st April 2026

REPORT OF DIRECTOR OF ADULTS, HEALTH AND WELLBEING

Adults, Health and Wellbeing Overview Report

Summary

This report gives an overview of the key achievements and challenges in 2025/6 for Adult Social Care.

Key Achievements

1. We successfully achieved a Care Quality Commission rating as “Good”, awarded in October 2025 finding people had access to good, person-centred adult social care services. Leaders recognised the challenges the local population faced, and they had a strong commitment to addressing these to improve people’s health and wellbeing. We are aiming for ‘Outstanding’ next time around. We are waiting on indications from the baseline exercise which is nationally complete to understand what the future programmes look like.
2. In the last year we have completed 10840 assessments, 2900 reviews and supported 6537 people with support services enabling the people of Stockton to live their lives as they choose.
3. We have provided Direct payments to 844 people ensuring that support is self-directed and personalised to individual needs, enabling them to achieve their outcomes in a way that they choose. Our Direct Payment performance is in the highest quartile in the Country.
4. In 24/25 we have completed 855 Carers assessments, offered 100% of carers a direct payment and supported 95 carers through the time out service. This has supported informal carers to continue with their caring responsibilities enabling people to remain in the community. We also know we have more work to do to support Carers and this has been supported by the recent ASCH scrutiny review.
5. We have increased the numbers of people being supported at the front door, reducing the numbers of people relying on long term support. Contacts in January increased by 15%. The contacts that then progressed into a long term team are

showing a 17% decline on the annual trend. This means that people are getting information, advice and support earlier in their journey.

6. We have enabled people to use Assistive Technology to support them to live independently in their own home. We have seen an increase of 60 % in Quarter three from Quarter one. This technology allows the monitoring of people in their own home with minimal intrusion which informs early interventions to provide reassurance to families that loved ones are safe in their own home.
7. We have worked alongside our provider market and continued to improve quality, with 91% of commissioned care homes and 72% of commissioned care at home provision rated as Good or Outstanding by CQC. This supports our commitment to ensuring that people are receiving good quality care when they need it
8. Our staff vacancy levels remain exceptionally low due to strong engagement and recognition of staff through both internal and external awards, promoting professional weeks such as professional carers, social work and occupational therapy week. Our staff health checks continue to show a positive response. Excluding new posts, we had a 5.9% turnover rate in staff over the last year which is lower than the national average turnover rate of 11.3% (2024-25) for adult social care workers. (skills for care data). We continue to work hard to support our staff and ensure they are valued and recognised for the work they do.
9. We have worked alongside our Children's colleagues to establish a transitions team to ensure a seamless transition between childhood and adulthood, supporting young people to live fulfilled lives. This team are working hard to develop and improve the pathways and outcomes for young people.

Challenges

10. We continue to see a particular growth in the demand for Mental Health, Learning disability and residential placements. Nationally requests for care from working age adults have increased by 14% since 2019/20. In Stockton on Tees the increase in requests from this age group has been 59% for the same period.
11. We need to keep developing our Front Door to ensure it continues to be more responsive to people's needs. We are working to simplify and streamline how people initially contact us, understand, and navigate wider information and support. Stockton on Tees has 6.1% of the population requesting social care support which is higher than the England average of 4.24%.
12. We need to ensure that the Reablement service remains fit for purpose and targets the people living in Stockton on Tees who would benefit from receiving the service

and regaining their levels of independence. This approach will build on the recommendations from Adult Social care and Health Select Committee, CQC Assurance report and the findings from Peopletoo review. Phase 1 of our review is completed and we are now working on Phase 2 alongside partners.

13. We need to keep ensuring that people are discharged from hospital into their own homes wherever this is possible, rather than into bed-based support. This involves working with hospital staff to ensure that they are aware of what support can be offered in a person's own home. Stockton-on-Tees is one of the best performing authorities in the region with 93.02% of people returning to their normal place of residence upon discharge to hospital. We are seeing an increasing need from the community for reablement services to support people to remain at home or to prevent an admission to hospital, with a 10% increase in the last 6 months. We need to continue to challenge ourselves and our partners to ensure people are being supported Home First and this will be a priority area for us in 2026/27.
14. Several partners are undergoing reorganisation including the ICB and our Hospital Trust. All statutory partners are under pressure to reduce costs, and it is critical that we continue to work with partners in a wider context, as there is a risk that we all focus too internally to the detriment of the partnership and the Borough. The Stockton on Tees pound should be approached through shared endeavours and a common understanding, and how we collectively make best use of it is at the heart of partnership working now more than ever.
15. Cost of living is a real concern with prices rising due to global challenges and circumstances. This impacts on our residents in several areas and may result in their ability to contribute to care costs. In addition, the price we are paying for goods and services continues to increase whilst funding is shrinking. It is crucial we continue to maintain grip and best value on our budget to ensure we are able to balance our finances.

Changes in Legislation

16. **The Mental Health Act 2025.** The proposed reforms to the Mental Health Act aim to modernise the 1983 legislation by strengthening patient rights, reducing unnecessary detention, and tackling longstanding inequalities.
17. **The Liberty Protection Safeguards (LPS)** – the government has announced a public consultation will take place in the first half of 2026 to replace Deprivation of Liberty Safeguards (DoLS) with LPS. The aim of this is to reduce the national backlog of DoLS applications.
18. We have seen a change in legislation with a requirement to publish a supported housing strategy in 2027, and work is in the early stages to start this piece of work. We want to ensure that we have a comprehensive understanding of people's needs and that our strategy is built on a local evidence base.

Emerging Issues

19. We have been successful in being one of 43 places to lead on the Neighbourhood Health Improvement Programme which demonstrates the strength of partnership in the Borough. There is a national drive with the Neighbourhood Health 10 year strategy from central Gov't with a clear direction of travel to be community and resident facing and led. New guidance has been produced in March 2026 and we are working closely with partners to understand what this means for our residents and systems. [Neighbourhood health framework - GOV.UK](#).
20. The Adult Social Care Strategy 2026-30 was approved by Cabinet in March. The strategy will inform our strategic direction over the next 4 years aligned to the Health and Wellbeing Strategy and Stockton Plan.
21. Nationally and locally, there is a growing recognition of unpaid carers with carers providing more care to loved ones than previously. An All-Age carers strategy is in development for 2027-2030 working in partnership with children's services to ensure that the needs of carers is formally recognised. Furthermore, during 2026/27, Adult Social Care will be working with partners and stakeholders to develop a strategy for people with a Learning Disability and an additional strategy for people living with Neurodiversity.
22. Baroness Louise Casey Independent Commission on Social Care is due to conclude in 2027 with recommendations on the future of Social Care. A significant amount of engagement nationally has been undertaken and we look forward to the Commissions findings.
23. We want to ensure we have a continued emphasis on co-production at all levels within the authority, including commissioning for future services. The Making it Real board has co-produced the local account, provided updates for Stockton news, worked on a co-produced summary of the Health & Wellbeing Strategy for Stockton-on-Tees, started work on co-production of Adult Social Care Strategy. We want to expand our work with communities and those who live in the Borough and ensure we are listening to what people want and need through increasing our co-production approach.

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Overview and Scrutiny



Key Achievements



- CQC “Good” Rating
- 15% increase in people coming to the front door
- 10,840 Care Assessments completed
- 844 Direct Payments delivered
- 855 Carers Assessments completed
- 91% Care Homes rated as ‘Good’ or ‘Outstanding’
- 72% of Dom Care rated as ‘Good’ or ‘Outstanding’

Challenges



- Increase in demand for Mental Health and Learning Disability Placements.
- Support for working age adults is increasing up 59% in the Borough.
- We have more work to do on our front door. We want to simplify and streamline, improving access.
- People accessing reablement is up by 10% and we need to continue to ensure we have a strong reablement offer.
- Getting people 'Home First' is a priority – we want more people being safely discharged home.
- Partner restructure and pressures remain a system challenge. We need to maintain strong partnerships for residents.
- Cost of living, financial pressures, global events

Emerging Issues



- Neighbourhood Health
- New Adult Social Care Strategy
- Developing All Age Carer Strategy
- New Legislation Changes
- Co-production – we need to do more!
- Finances remain challenging
- Casey Commission

Overview and Scrutiny



Overview Role

- In contrast to deep dive in-depth scrutiny reviews, Scrutiny Select Committees needs an element of oversight or overview
- Proposal to introduce regular performance reporting to Scrutiny Select Committees, aligned to Council & Service priorities linked to the Stockton-on-Tees Plan
- This will support Statutory Guidance on the types of information that might be shared to enable overview and Scrutiny Select Committees to discharge their roles effectively

Stockton-on-Tees Plan

Measuring Progress

STOCKTON
ON
TEES



POWERING OUR FUTURE
**THE STOCKTON-
ON-TEES PLAN**
2024-2028



OUR VISION

Stockton-on-Tees is home. It's a warm and friendly place where we welcome others and come together as a single community. We are a diverse and inspiring Borough, culturally rich and with confidence in a future that we can all share and be proud of. At the economic heart of the Tees Valley, we are a dynamic, safe and healthy place where everyone can grow and succeed. We will continue to work together to reduce inequalities and barriers to opportunity. We are Team Stockton-on-Tees.

Read the
full plan



1

THE BEST START IN LIFE TO ACHIEVE BIG AMBITIONS

A safe and inclusive community where everyone can thrive. Working hard to prevent the impact of poverty, creating a bright and healthy future with a shared sense of belonging. Supporting children in our care and creating equality of opportunity

2

HEALTHY AND RESILIENT COMMUNITIES

Building happy and healthy lives, supporting those who are experiencing poverty. Ensuring that our residents are resilient, independent

3

A GREAT PLACE TO LIVE, WORK AND VISIT

A vibrant and diverse place with an environment that is well looked after and outdoor spaces to enjoy that residents can be proud of



4

AN INCLUSIVE ECONOMY



Growing the local economy and cementing our role as the well-connected, economic heart of Tees Valley. Ensuring that all residents can benefit from secure and sustainable jobs

5



SUSTAINABLE COUNCIL

A well-run financially sustainable Council that improves outcomes for communities









**Community Safety Plan:
Stockton-on-Tees
2025 - 2027**



**Environmental Sustainability and
Carbon Reduction Strategy
2022 - 2032**



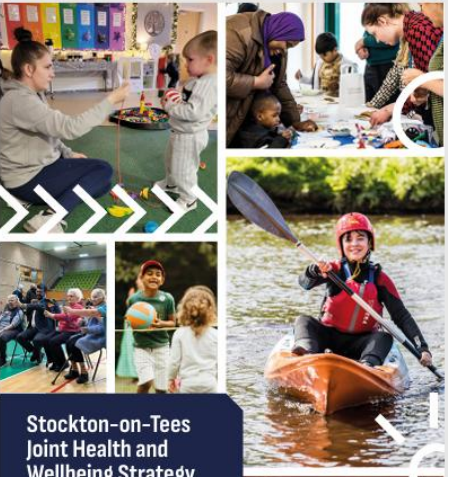
**Stockton-on-Tees Borough Council
Adult Social Care Strategy 2021 - 2025**



**Stockton-on-Tees
Employment & Training Hub**


**Inclusive Growth Strategy
2025-2028**

ALL IN LOVE WITH THE
PROCESS OF BECOMING
THE VERY BEST VERSION
OF YOURSELF

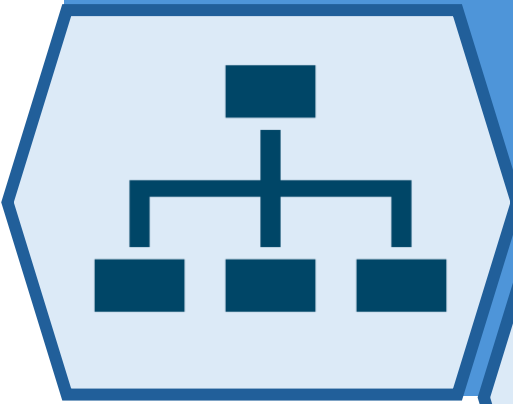


**Stockton-on-Tees
Joint Health and
Wellbeing Strategy
2025 - 2030**

Strengthening the building blocks
of health and wellbeing together



Bi-Annually



Cabinet

- Tier 1 (Council outcomes)



Select Committees

- Tier 2 (service outcomes & progress update)

Annually



Exec Scrutiny

- Tier 1 (Council outcomes)



Full Council

- Tier 1 (Council outcomes)

PRIORITIES

- List of priorities that the specific service is currently working on:
- *Priority 1*
- *Priority 2*
- *Etc.*

- List of indicators (outcomes) that measures the progress of all the PRIORITIES:
- *Indicator 1*
- *Indicator 2*
- *Etc.*

INDICATORS

WHATS BEEN DONE

- List of actions that have been undertaken to try and improve the INDICATORS
- *Action 1*
- *Action 2*
- *Etc.*

- List of actions that have been proposed to try and improve the INDICATORS. These will be moved into WHATS BEEN DONE once complete.
- *Planned 1*
- *Planned 2*
- *Etc.*

**PLANNED
ACTIVITY**

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Regional Health Scrutiny Update

Summary

The Committee is requested to consider an update on the work of the regional health scrutiny committees. Some recent health-related developments impacting on the Tees Valley and / or wider North East and North Cumbria footprint are also highlighted.

Detail

Tees Valley Joint Health Scrutiny Committee

1. Redcar & Cleveland Borough Council hosted this Committee during 2025-2026.
2. Two Committee meetings have taken place since the last update. The first was held on 11 December 2025 where agenda items included:
 - Minutes of the meeting held on 2 October 2025 (see **Appendix 1**)
 - University Hospital Tees (UHT): Strategy Update (see **Appendix 2**)
 - NHS North East and North Cumbria Integrated Care Board (NENC ICB) / Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): Tees Respite Care / Adult Learning Disability Update
 - NHS North East and North Cumbria Integrated Care Board (NENC ICB): Palliative and End-of-Life Care Strategy – Development / Implementation
 - Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): Health Inequalities
3. The latest Committee meeting was held on 12 March 2026 where agenda items included:
 - Minutes of the meeting held on 11 December 2025 (see **Appendix 3**)
 - North East Ambulance Service NHS Foundation Trust (NEAS): Quality Account 2025/26
 - Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): Urgent Care Mental Health Crisis Update (see **Appendix 4**)
 - Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): Quality Account 2025/26 (see **Appendix 5**)

At the end of the March 2026 meeting, the Committee was made aware of a recently received letter from the Director of Specialised Commissioning, Health and Justice, and Public Health (North East and Yorkshire Region) and the NENC ICB Chief Contracting & Procurement Officer outlining proposed changes to the delivery of neonatal care across the North East and North Cumbria region. It was agreed that an additional Committee meeting should be convened in the near future to enable further detail to be provided and considered.

4. As per previously agreed rotational arrangements, Chair and support responsibilities for this joint committee will move to Middlesbrough Council for 2026-2027. The first meeting date of the new municipal year is still to be confirmed.

Sustainability and Transformation Plan / Integrated Care System Joint Health Scrutiny Committee

5. Following a lengthy hiatus, Durham County Council (who support this Joint Committee) contacted scrutiny teams across the region in November 2022 with the intention of arranging a meeting for late-November / early-December 2022. However, following liaison with senior NENC ICB representatives, it was deemed that in light of the ongoing ICS briefings to the Tees Valley Joint Health Scrutiny Committee, a meeting of this Joint Committee (which involved similar Councillors) was likely to be a duplication and would not add value.
6. In wider regional health matters, the NENC ICB '**Here to help you**' webpage continues to provide information on choosing the right NHS service for your needs, keeping a well-stocked medicine cabinet, or getting your vaccines. Plus, there is lots of health advice and local support information (see <https://northeastnorthcumbria.nhs.uk/here-to-help-you/>).
7. Trailblazing **efforts to help people in the North East and North Cumbria tackle health problems and stay in work will be extended** thanks to new Government funding of around £10 million. The North East and North Cumbria was one of three regions selected to test new ways of helping people whose health problems are making it hard to work (through the national Health and Growth Accelerator which got underway late last year). Now an additional £25 million will be shared between the North East and North Cumbria, South Yorkshire and West Yorkshire, to tackle conditions that most impact people's ability to work (see <https://northeastnorthcumbria.nhs.uk/news/government-funding-boost-to-extend-health-support-for-working-people/>).
8. A crucial **learning disability respite service that faced years of uncertainty has secured its future** with a move to 'wonderful' new premises in Middlesbrough. Around 70 families and carers who look after loved ones with often complex learning disabilities will continue to access respite services following an agreement between the NHS and Middlesbrough Council to move the service to Levick Court in the town. The service was previously delivered at two NHS buildings (Aysgarth in Stockton and Bankfields in Middlesbrough), but could no longer be safely delivered from those buildings due to their age, the cost of repairs, and to ensure compliance with Care Quality Commission (CQC) regulations. (see <https://northeastnorthcumbria.nhs.uk/news/wonderful-new-home-secures-future-of-respite-service/>).

9. 2024 UK Health Security Agency (UKSHA) data revealed that the **North East has some of the highest rates of sexually transmitted infections (STIs) in the country**, with under-25s disproportionately affected. A new 'Elephant in the Room' campaign has been launched to help reduce rates of STIs in the North East and North Cumbria by starting a conversation that many people find difficult to talk about – their sexual health (see <https://northeastnorthcumbria.nhs.uk/news/lets-talk-about-the-elephant-in-the-room-safer-sex/>).
10. Following the early-2025 announcement requiring **ICBs to reduce running and programme costs**, the NENC ICB is progressing with the implementation of its strategic commissioning transition programme. From April 2026, place partnerships, led by local partners, will take on increased responsibility for the delivery and governance of integrated care and neighbourhood models. As part of this transition, ICB-led place committees will conclude at the end of March 2026, with locally-led governance arrangements taking their place.
11. More locally, a number of North Tees and Hartlepool NHS Foundation Trust developments have been publicised in recent weeks (see <https://www.nth.nhs.uk/news/>), including:
 - Teesside endoscopy service celebrates reaccreditation success (December 2025) <https://www.nth.nhs.uk/news/endoscopy-service-celebrates-reaccreditation-success/>
 - New initiative to help patients who may be deteriorating (January 2026) <https://www.nth.nhs.uk/news/new-initiative-to-help-patients-who-may-be-deteriorating/>
 - New fast and easy system for feedback for new mums and mums-to-be (March 2026) <https://www.nth.nhs.uk/news/new-fast-and-easy-system-for-feedback-for-new-mums-and-mums-to-be/>

North East Regional Health Scrutiny Committee

12. No meetings are currently scheduled.

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Thursday, 2 October 2025

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 2 October 2025 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

PRESENT Councillors C Cawley (Chair), M Besford, J Coulson and L Hall.

OFFICIALS C Breheny, G Jones and G Woods.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Boddy, S Crane, C Hannaway, N Johnson, M Layton, S Moore and H Scott.

21 **MINUTES OF THE MEETING HELD ON 17 JULY 2025**

As the meeting was inquorate no formal decision was made, and the minutes were deferred to the 2 October 2025 meeting for approval.

22 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

23 **SUICIDE PREVENTION - PUBLIC HEALTH UPDATE**

The Lead Preventing Suicide (Tees) Public Health Practitioner attended the meeting following a commitment made in November 2024, to provide an update on suicide surveillance and prevention activity across the Tees Valley. The presentation drew on strategic public health intelligence from the Real-Time Surveillance System (RTSS), covering four local authorities (excluding Darlington). Members were advised that all figures related to suspected deaths by suicide, pending confirmation by the Coroner. Due to the sensitive nature of the subject matter, a short recess was scheduled following the presentation.

The Lead Preventing Suicide (Tees) Public Health Practitioner clarified that Public Health operated in a strategic capacity and was not involved in frontline response. The RTSS enabled timely identification of suicide clusters, with scene attendance triggering notification to Public Health and Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) within 24 hours. Public Health Leads and Directors of Public Health (DPHs) were then informed, and the Integrated Care Board (ICB) received the data for audit purposes. Additional intelligence was provided by drug and alcohol services and NHS care providers, helping to identify emerging risks.

Thursday, 2 October 2025

Members were informed that the half-year review (January to June 2025) showed a reduction in the overall suicide rate across the Tees Valley, from 6.5 to 5.6 per 100,000 population. The most affected age group was 30–39 years, and 70 per cent of deaths were male—consistent with national trends. Hartlepool was the only local authority to record an increase, rising from 4.7 to 5.9 per 100,000, with a notable shift in gender profile: 45 per cent of deaths were female, the highest proportion in Teesside. Stockton saw a reduction from 6.1 to 5.0, Middlesbrough from 7.5 to 6.0, and Redcar & Cleveland from 7.3 to 5.7, with female deaths in RCBC rising from 10 to 30 per cent.

Age-related trends also shifted. In 2024, the most affected group had been 0–19 years; in 2025, this changed to 20–29 and 50–59 years. Analysis of deprivation data showed that most deaths occurred in the most deprived centile, with a secondary peak in the least deprived decile. Mondays were the most common day of occurrence, with May recording the highest number of deaths, followed by February.

The Lead Preventing Suicide (Tees) Public Health Practitioner outlined the Year One priorities for the Tees Suicide Prevention Programme. The importance of recognising the complexity of suicide and addressing common risk factors, including online safety and responsible media reporting was emphasised. It was advised that public deaths were monitored to ensure language was used sensitively and accurately, with efforts made to hold organisations accountable for appropriate terminology.

Members were advised that although Public Health did not own crisis pathways, the service played a key role in promoting them and ensuring partner organisations followed correct procedures. Collaborative work with local authorities, Police, and Fire & Rescue services aimed to reduce high-frequency and high-risk deaths. Environmental interventions such as “talking benches” and “bed benches” were implemented in line with national guidance to reduce access to means and methods.

Members noted that bereavement support formed a critical component of the prevention strategy. It was explained that the four Tees Valley authorities jointly commissioned CRUSE, and from July 2025, If U Care Share had started offering immediate support to families affected by suicide. This timely intervention, particularly around funerals and coroner enquiries, helped to reduce further risk. Schools also received rapid support following a death, with helpline information and local resources shared on the day of notification. Support was provided by CAMHS, CRUSE, and If U Care Share.

In addition, Members were advised that destigmatising suicide remained a core objective. The Lead Practitioner highlighted the importance of using the term “suicide” in everyday conversation and promoting awareness

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through community training. The Better Mental Health in the Community programme continued to offer free training across the region.

In terms of key achievements, during the period January to June 2025, it was highlighted that a new information-sharing agreement had been agreed with Cleveland Police, with Public Health granted access to the NICHE system, which had improved data quality. Referral pathways with drug and alcohol services had also been strengthened. Updates on the work undertaken by the Teesside Prevention Taskforce had also been provided at the South Tees Loneliness and Isolation Conference in March and the Hartlepool Men's Health Event in June. Members were advised that future collaboration was planned with Harbour, Halo, and My Sister's Place to further coordinate suicide prevention efforts.

Following the presentation discussion ensued and the following points were raised:-

- Members queried the effectiveness of collaboration and data sharing generally across the Tees Valley. It was advised that partnership working continued through weekly forums and Monday morning meetings, supporting both informal and formal dialogue. Monthly data reviews between colleagues from TEWV and regional leads across North East and North Cumbria Integrated Care Board (NENC ICB) facilitated a whole-systems approach to service delivery, particularly in response to inpatient deaths and deaths in service within six months. It was noted that efforts were made to avoid postcode-based disparities in care and to ensure consistent cross-boundary collaboration.
- Members revisited the suicide prevention agenda, with particular concern noted around male suicide. It was explained that work was ongoing, and local intelligence had been prioritised over delayed national datasets, enabling timely responses. Voluntary sector engagement also remained strong, with information cascaded via alliance meetings and the Stockton Mental Health Steering Group. The prevention agenda was reported to be active and progressing.
- Members drew reference to the Office for National Statistics (ONS) data, and it was queried how the Tees Valley figures compare with other areas of the UK. It was advised that recent suicide data indicated persistent challenges in the 20–39 age bracket. While Redcar and Cleveland had previously held the highest rates nationally, County Durham had overtaken, with Redcar and Cleveland showing a 34 per cent reduction over five years. Hartlepool's figures remained static; other boroughs showed modest improvement. It was noted that the next ONS release was expected on 7 October. The Lead Practitioner agreed to circulate updated figures once available.
- Members queried the age range variations across the Tees Valley.

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It was noted that early-year clusters of younger deaths had impacted averages in Hartlepool, with Redcar and Cleveland showing a higher prevalence in older age groups. Socioeconomic pressures, particularly among those “just managing” were cited as contributing factors. In terms of ethnicity, it was noted that the data indicated a predominance of white British deaths, although it was acknowledged that there was underreporting in some communities. It was advised that work was ongoing with BAME colleagues to address cultural and religious barriers to mental health disclosure.

- Members queried the impact of the 111 mental health crisis pathway on service accessibility. It was advised that this query would be forwarded to the Programme Manager at TEWV for a response.

AGREED that the information presented be noted and that:-

- a) The updated ONS data due for release on 7 October 2025 be circulated to all Members once published.
- b) The query relating to the impact of the 111 mental health crisis pathway on service accessibility be forwarded to TEWV.

24

COMMUNITY MENTAL HEALTH TRANSFORMATION - TEES, ESK & WEAR VALLEY NHS FOUNDATION TRUST

The Associate Director of Partnerships and Strategy at TEWV attended to update Members on the Community Mental Health Transformation programme, which it was advised, aligned with the strategic shifts outlined in the NHS’s 10-Year Health Plan. The longstanding challenges in mental health data infrastructure were acknowledged, although it was noted that progress from fragmented systems to more standardised, analogue-level data quality had taken place.

Members were advised that in terms of mental health services a consistent model had been developed across the Tees Valley, which although tailored to local populations was underpinned by shared standards. The transformation aimed to reduce inappropriate referrals and improve signposting, with strengthened partnerships ensuring individuals were directed to the most appropriate services.

The Associate Director advised that Peer Support Workers had been commissioned across the region, which had been led by Teesside Mind, reversing previous models where statutory services outsourced provision. Capacity for psychological therapies had increased by 22 per cent, although access to specialist support, particularly for conditions such as bipolar disorder, remained limited nationally. Physical Health Practitioners for severe mental illness (SMI) had been embedded within Primary Care Networks, with 66 per cent of patients receiving annual health checks, including outreach to those least likely to engage.

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Members were advised that the service model had drawn on the THRIVE framework, supporting self-management and enabling stepped access to GP services, community hubs, virtual hubs, and TEWV staff. Multidisciplinary teams and Care Navigators facilitated seamless transitions across services, ensuring equal voice and shared responsibility in care planning.

It was highlighted that since August 2023, the number of patients receiving at least two contacts had grown from 2,200 to over 8,000, with more than 40,000 appointments delivered in primary care by Mental Health Nurse Prescribers. The programme had received national recognition, including invitations to contribute evidence to a parliamentary enquiry and engagement with NHS England and the Centre for Mental Health.

The Associate Director advised that integrated neighbourhood teams were expected to build on the same principles, with emphasis on system-wide understanding, reduced hand-offs, and continuity of care. Regular “huddles” had supported shared learning and coordination, while voluntary and community sector (VCS) partners had played a central role in delivery. Service design had remained rooted in feedback from Healthwatch and service users, with efforts focused on reducing waiting times, improving readiness for therapies such as Eye Movement Desensitisation and Reprocessing (EMDR), and minimising the need for individuals to repeat their stories.

Members were informed that staff satisfaction had improved, with reduced turnover and sickness rates. The workforce had expanded, including additional peer workers, and patient-reported recovery outcomes had increased. It was noted that continued investment and partnership working were seen as key to sustaining progress.

Following the presentation discussion ensued and the following points were raised:-

- Members queried the transition from child to adult mental health services. It was noted that CAMHS operated under a distinct model, with transition planning beginning before the age of 17. It was advised that while there was no automatic fit with adult services, employment support workers and Job Centre links had helped bridge gaps. In addition, efforts had been made to reduce the historic “cliff edge” at age 18, with care planning embedded earlier in the pathway.
- Members raised concerns about workforce retention and development and highlighted the national shortage of mental health nurses and psychological therapy practitioners. It was advised that

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locally, the ICB had invested in talking therapies and trained 30 high-intensity practitioners. TEWV had developed overseas recruitment strategies and worked closely with universities to promote the North East as a desirable place to live and work to boost retention and recruitment efforts.

- Members queried the degree of progress made in improving access for BAME communities. It was highlighted that progress was being made including the establishment of a dedicated post within TEWV and a new project had been launched with Middlesbrough Mind and local universities. Poverty-proofing measures were also discussed, including the importance of locating services in accessible community buildings and supporting service-user-led groups to increase engagement and reduce drop-out rates.
- It was acknowledged that the Stockton Wellbeing Hub, opened in July 2022, had delivered significant impact through the provision of walk-in access to advice, information, and partner services. A similar model was in place in Darlington. In Middlesbrough, staff operated from Mind premises, including out-of-hours provision. Despite challenges such as vandalism in Grangetown, alternative community venues had been utilised. Members expressed interest in expanding the hub model across Tees Valley, ideally with seven-day access and inclusion of children and young people, subject to capacity.
- Future planning would focus on integrated neighbourhood health teams and end-to-end pathways tailored to local needs. HWBB oversight of neighbourhood health plans was expected to ensure evidence-based delivery.
- Members emphasised the importance of providing discrete services for children and young people, particularly in respect of counselling services.
- Members raised concerns regarding the complexity of neurodiverse pathways. It was noted that children faced longer waits due to multi-agency diagnostic processes, while adult referrals were triaged based on need.
- In response to a query, it was advised that neurodiverse adults often faced long waits, with prioritisation based on severity of impact. The population requiring support continued to grow.
- Members reiterated the importance of learning from diverse communities and improving service design. It was advised that a Middlesbrough-specific project had recently launched, with ongoing

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collaboration between Mind and the university. This work would continue until meaningful and sustainable improvements were achieved.

AGREED that the information presented be noted.

25 **VAPING / NITROUS OXIDE - PUBLIC HEALTH UPDATE**

The Committee received an update on public health issues relating to vaping behaviours in South Tees. Members expressed concern at the unprecedented levels of nitrous oxide canisters found during recent litter picks, with a whole box discovered, and agreed to share this information with the relevant Officers.

The discussion emphasised that smoking and tobacco remained the primary focus, as smoking continued to be the single largest preventable cause of premature deaths in the UK. Locally, smoking rates were significantly high, with Middlesbrough recording 18.6 per cent the highest nationally. South Tees initiatives were being mirrored in neighbouring authorities, given smoking's major contribution to health inequalities. The North East average stood at 11.6 per cent with Tees Valley showing higher rates among key groups.

It was confirmed that vaping was scientifically assessed as 95 per cent less harmful than tobacco smoking and intended as a quit aid rather than a recreational activity. Members were advised that data from ASH continued to inform local statistics, which showed higher levels of smoking compared to vaping. Misconceptions remained widespread, with 53 per cent of smokers believing vaping was as harmful or more harmful than smoking. Disposable vape use had peaked in 2023.

Members noted with concern that youth smoking had increased for the first time in eight years, rising from 14 per cent in 2023 to 21 per cent in 2025. South Tees remained the only area in the North East, and one of only three nationally, to offer equivalent support to vapers as to smokers. Two pathways were available: evidence-based behavioural support and nicotine replacement therapy (NRT), which had been rolled out mainstream from April 2025. Outreach teams had also engaged with secondary schools, with the hope of expanding provision across the region. The agreed position was clear: those who smoke should be encouraged to quit through vaping, but those who do not smoke should not take up vaping.

The Redcar and Cleveland's Trading Standards Officer reported that vapes were governed by legislation and disposable vapes should not now be sold in retail premises. Test purchases were conducted with adults and children, and tobacco detection dogs were deployed. Enforcement powers included seizure of products and closure orders of three to six months.

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Members were advised that counterfeit products were identified as a major issue, often linked to organised crime, with concealments and offsite storage used. Since April 2023, significant seizures had been made, including half a million cigarettes from a flat in Middlesbrough. Despite strong partnerships with HMRC and use of CCTV, resource limitations remained a challenge. It was noted that disposable vapes continued to be sold under the counter, and intelligence from the public was vital.

Members discussed the wider policy context, noting the Tobacco and Vapes Bill progressing through Parliament. Concerns were raised about rising youth vaping, with suggestions that a requirement for nicotine-based vapes to be made prescription only could help to reduce illegal access. The Committee welcomed outreach work in schools and acknowledged the Panorama documentary highlighting teenage vaping.

Middlesbrough's Trading Standard Officer confirmed that premises had to be licensed to sell regulated products and HMRC assumed responsibility for duty. It was noted that there had been no significant change in consumer use since the introduction of the disposal vape ban in June 2025. Members commended the information requested and formally requested that the data requested from Stockton's Trading Standards Team be circulated.

The Committee discussed the issue of illegal vapes containing spice. It was noted that these products were not reflected in the published figures. Trading Standards reported that such items were treated as drug paraphernalia, highlighting the lengths to which illicit suppliers would go. Members acknowledged that these vapes contained zero nicotine and that packaging would never disclose their true content, confirming their illicit nature.

Members were informed that schools and substance use teams continued to engage with pupils, addressing any incidents relating to illicit substance use. It was observed that spice was not typically found in disposable vapes but rather in rechargeable devices, which Trading Standards would not purchase.

The Committee resolved to support the Nicotine and Tobacco Bill by adding signatures to the national letter prior to its formal submission.

AGREED that the information presented be noted and requested data circulated.

26

WORK PROGRAMME 2025/26

The Senior Democratic Services Officer advised that representatives from the Community Diagnostic Centre in Stockton had offered to facilitate a

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visit for the Committee on either Thursday 23rd or Friday 24th October 2025. Both options would be emailed to all Members of the Committee, and the necessary arrangements made for a visit to be held on the preferred date.

The Work Programme was presented to Members; **NOTED**.

27 **WINTER PLAN UPDATE - NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE BOARD**

Members received an update on the Tees Valley Winter Plan for 2025/26, which had been developed as part of the wider North East and North Cumbria (NENC) Integrated Care Board (ICB) system approach and coordinated across all partner organisations. It was noted that the Local Accident and Emergency (A&E) Delivery Board retained oversight of the plan, which had been aligned with Local Authorities' priorities and shared through Health and Wellbeing Boards. Assurance had been provided by the NENC ICB, with regional stress-testing exercises completed in September. Members were informed that the plan had been formally signed off earlier in the week.

Members were advised that seven key priorities had been identified to support urgent and emergency care (UEC) improvements, extending beyond A&E delivery. These included prevention, enhanced access to pharmacy services, Acute Respiratory Infection (ARI) hubs, and hospital-at-home models. A pilot between North and South Tees had supported care coordination, with a focus on retaining patients in their own homes wherever possible.

It was highlighted that respiratory pathways had been strengthened, with targeted support for high-risk COPD patients previously provided across nine practices, now expanded. ARI hubs were to be mobilised from 3 November. It was noted that the provision of the urgent treatment centres in South Tees had improved patient flow, alongside collaboration with GP federations and expanded same-day emergency care pathways. Paramedics were now able to refer directly to same-day services, bypassing A&E.

In addition, the "Call Before Convey" pilot in North and South Tees aimed to reduce unnecessary hospital admissions. Additional urgent care capacity had been planned for bank holidays, with continued efforts to provide safe alternatives to hospital-based care. Mental health services were working to prevent any delays in A&E exceeding 24 hours, ensuring patients were placed appropriately.

Regarding seasonal vaccination campaigns these had commenced under the "Be Wise – Immunise" banner, with promotion across GP practices,

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staff groups, and partner organisations. Public Health Teams and Local Authorities were monitoring infectious disease trends, with pharmacies supporting self-care and timely prescription management.

It was noted that communications were coordinated regionally, with local NHS Trusts amplifying messages around Urgent Treatment Centre availability and integrated care options. A system control centre was in place to oversee performance and adapt messaging as required.

Following the presentation discussion ensued and the following points were raised:-

- Members raised concerns about ensuring eligible groups maximised uptake of seasonal vaccinations. Members were advised that promotion was supported through GP practices and that further data could be provided via health protection figures.
- Clarification was sought regarding urinary tract infection (UTI) pathways, which were noted to apply primarily to women in uncomplicated cases. It was confirmed that further clarification would be sought and an update provided to Members via email.
- Members queried the variation in COVID-19 and flu vaccine scheduling. It was advised that this was attributed to vaccine availability and recall processes.
- Members queried the omission of data relating to the shingles vaccination in the documentation. It was confirmed that health professionals had attended community spaces to promote availability and that the shingles vaccination was available from age 70. Clarification was sought on whether there was a need for 2 doses of the vaccine. It was advised that further information would need to be sought from the vaccination lead and provided to Members following the meeting.

AGREED that the information presented be noted and that:-

- a) Information regarding UTI pathways to be obtained and the response shared with Members.
- b) Clarification to be provided to Members regarding the required dosage for the shingles vaccination.

28 **ANY OTHER ITEMS WHICH THE CHAIR CONSIDERS URGENT**

There were no items certified as urgent by the Chair; **NOTED**.



University Hospitals Tees



UHT Strategy Update

Tees Valley Joint Health Scrutiny
Committee

11 December 2025

Matt Neligan Deputy CEO
James Bromiley AD Group Development



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Overview / Introduction

- We are committed to ongoing updates at this committee as part of our engagement plan
- In January 2025 we updated on the development of the UHT group and our clinical strategy
- Since then, we have made rapid progress in both of these
- We will cover the UHT strategy and the potential ideas for reconfiguring our services
- Our ongoing engagement with local authority officers and Members is vital in ensuring proper process and engagement with our population and forms part of our full engagement plan

Rationale for service change

- The need for fundamental change in services for Tees Valley and surrounding areas has been acknowledged by several system-led reviews spanning over 20 years
- We now need to take urgent action to ensure the sustainability of services for our population and address major issues:

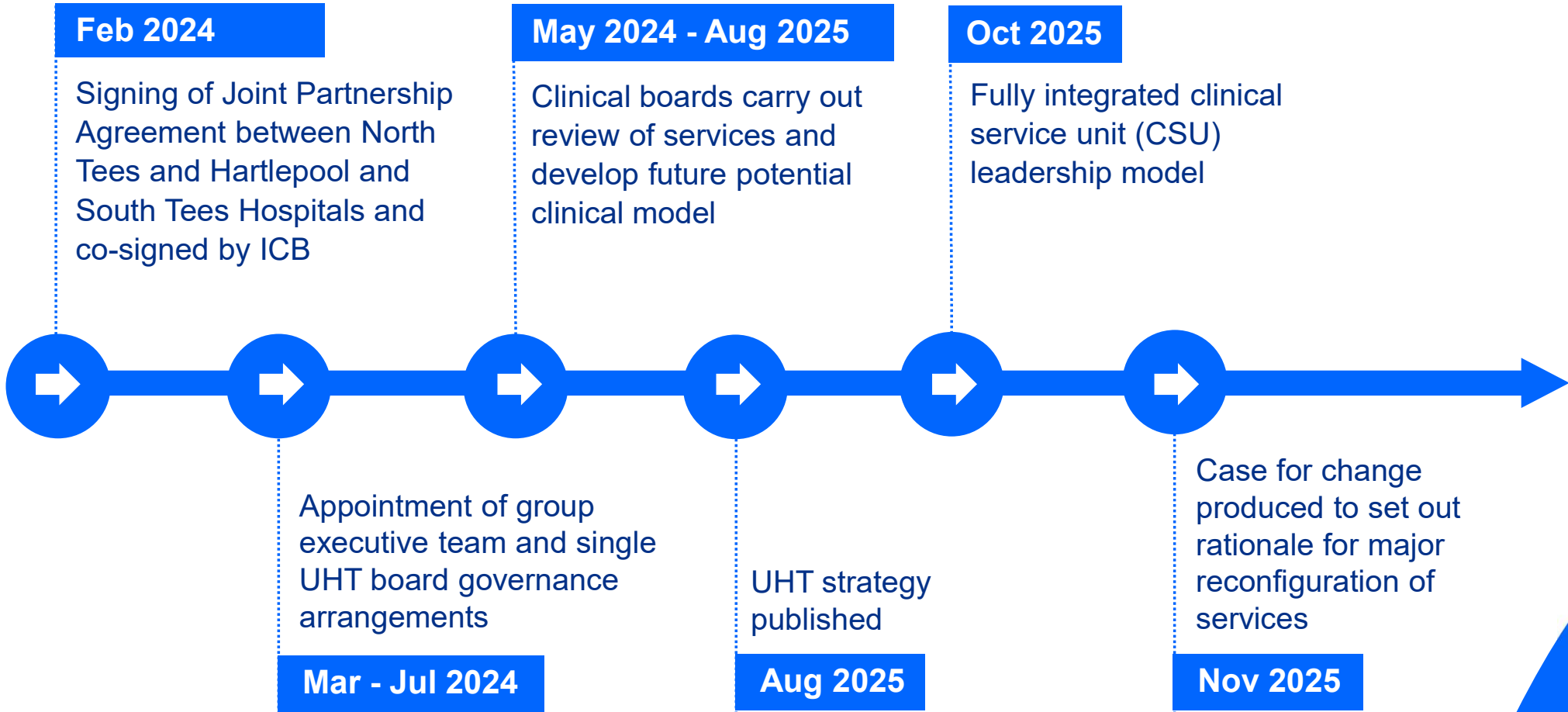
Some of our key services have long-standing issues with resilience in staffing

Our population is ageing and that brings additional and different demands eg a need for greater focus on frailty and care closer to home

Parts of our estate, particularly at University Hospital North Tees, are beyond their economic life

We need to move to a different model to deliver a step change in efficiency and productivity

Our journey so far....



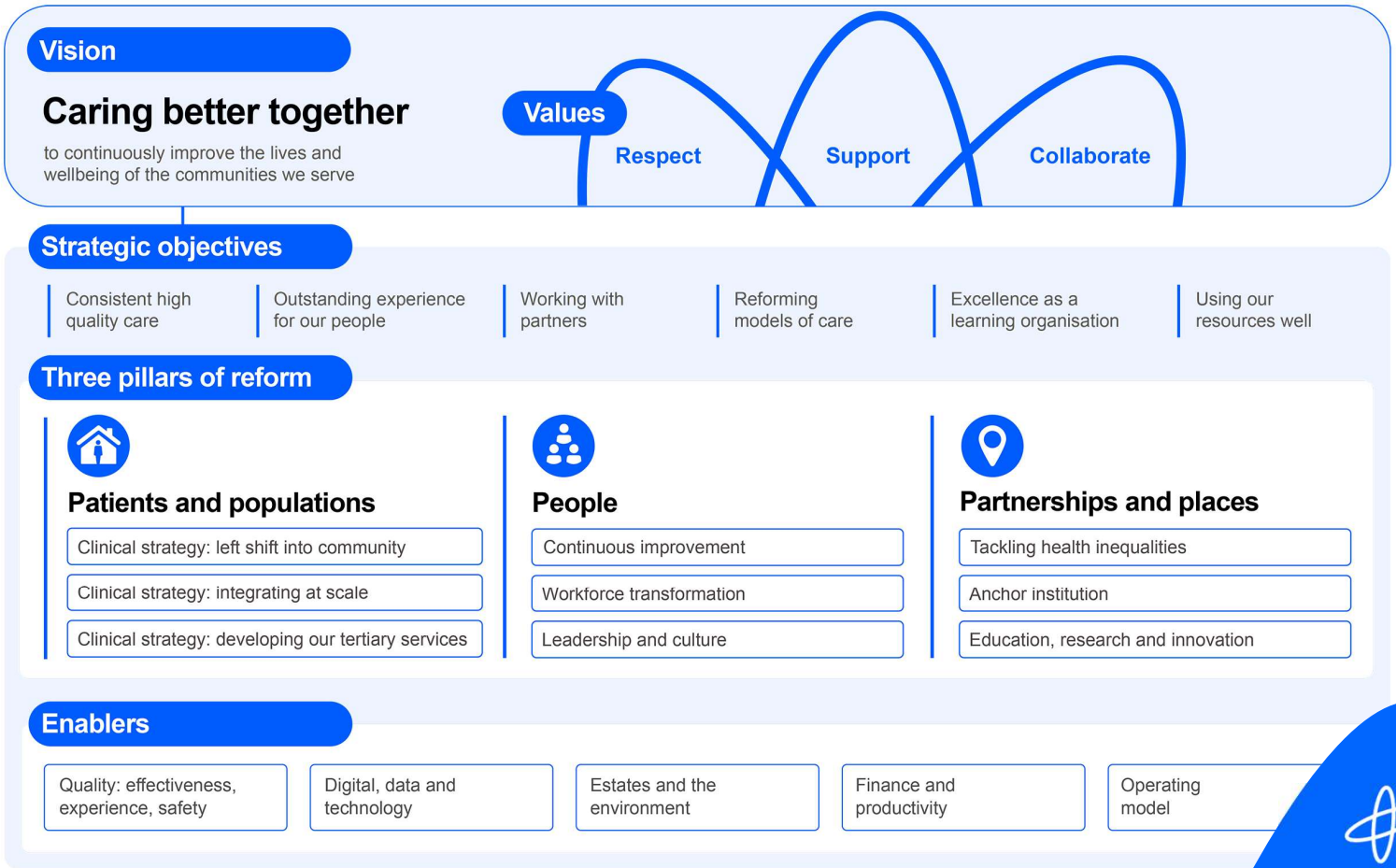
Our strategy

Strategy on a page

How we will work towards achieving our vision.

Transforming our ways of working to reform services and create our new offer for the population

Putting in place the right conditions for success



Three pillars of reform

To make progress against our strategic objectives we need to transform how we work. Our financial and demographic context means that our resources will not stretch far enough for us to try to do more of the same.

We are determined to seize the opportunity of working as a group to reform our services for the next generation so that we can provide great care for our patients and population on a sustainable basis.

We will focus our teams to transform ways of working under three 'pillars'



Patients and populations



implementing our clinical strategy that sets out how we will reform and transform clinical services to develop new models of care across the UHT footprint. Every service making use of operating at scale to meet the needs of patients and address population health priorities.



People



embedding a culture of continuous improvement and ensuring that we are a learning health organisation. Making University Hospitals Tees an employer of choice for our existing people and potential new colleagues. Developing our people through living our values and creating an outstanding experience across all teams in UHT.



Partnerships and places



building our close collaboration with all of our partners to deliver our shared integrated care strategy and developing ambitions in local places. Seeking to innovate in how we work across organisations in communities and maximising our impact as an anchor institution.

Developing clinical proposals

- Our clinical reforms are the core of our overall strategy – it is the reason we have come together as a group to transform healthcare for the population we serve.
- Our five clinical boards (formed in 2024), comprising senior professionals across both North Tees and South Tees trusts, developed initial proposals as a first step to designing the optimal model of healthcare for our area. They have:

reviewed data on performance across our group and recommended how to achieve consistent high performance and then to go further to meet external best practice

considered a wide range of evidence of best clinical practice for example from the Getting it Right First Time publications and the NHS Model Hospital and Model Health System

carried out study visits to other NHS providers to look at the best configuration of services within our group

Potential clinical changes

Community Services

- Develop community services to deliver left shift through Neighbourhood Health Systems with partners
- Expansion in Hospital at Home to equivalent of 500 beds
- Consistent service offer across all places with centres of excellence in both stroke rehab and neuro rehab

Women's and children's services

- Develop children's and young people's Hospital at Home offer
- Consider single service for complex obstetric and neonatal care
- Consider consolidation of children's and young people's services to develop specialist Children's Hospital

Urgent and emergency care

- Maintain two emergency departments at UHNT and JCUH; and Major Trauma Centre at JCUH
- Develop consistent, equitable urgent treatment centre (UTC) model across the places
- Review and develop critical care to support future service changes in other services

Potential clinical changes

Medicine

- Consider specialist services at JCUH: stroke, haematology, cardiology, neurology
- Consider further consolidation of services at UHNT in general medicine, gastroenterology, endocrine & diabetic medicine, chest medicine and elderly medicine

Surgery and anaesthetics

- Maximise activity through elective hubs in Hartlepool and Northallerton in all specialities
- Consider specialist services at JCUH: neuro, cardiac, thoracic, vascular, gyno-oncology, ophthalmology, urology, spinal, non-ambulatory trauma, paediatrics
- Consider consolidation of services at UHNT in general surgery to decompress JCUH

Tertiary and specialist

- Maintain and further develop Major Trauma Centre status at JCUH with interdependent services such as specialist surgery
- Extend Cancer Institute specialist surgery and non-surgery services and radiotherapy for regional population
- Orthogeriatrics centralised alongside community rehabilitation to provide specialist support

Phases of the potential clinical model

Our potential future changes are in three broad phases:

1 Phase 1 (2025-2026):

'Testing and learning from early integration'

- Expansion of services in the community towards the ambition of 500 hospital at home beds so that patients can get their care at home if it is right to do so.
- Offer more planned care through our two elective hubs. This will contribute to lower waiting lists and a reduction in cancellations for patients; and will free up space in our acute hospital sites.
- Deliver consistent care across the Group by beginning the horizontal integration of key services

2 Phase 2 (2026-2030):

'Consistent high quality services across the group'

- Complete the process of joining up our teams and clinical services for patients.
- Spread the learning from the early horizontal integration pilots and apply this across our full portfolio of services.

3 Phase 3 (2030 onwards):

'Reforming our services for our next generation'

- Move towards having an “acute specialist hospital” and an “acute general hospital” while also making full use of our community-facing sites and reforming the model to continue to expand services in the community
- Each of our main acute hospitals will retain a range of services but is also able to focus in on providing some key specialisms on behalf of our whole population.

Estates is a key interdependency

- UHT estate especially at University Hospital North Tees has significant backlog maintenance issues and it is uneconomic to continue to fund this in the long-term
- We therefore need to rebuild or replace a substantial part of the site and want to use this opportunity to develop a hospital estate which meets the needs of the next generation
- Our strategy includes making best use of all of our estate but there is a specific focus on our two acute sites. We have modelled some broad scenarios on which there are a number of variations:

Redevelopment of existing sites

Centralisation of some services on each site (but maintaining 2 EDs)

A full rebuild on a single site

Engagement and Process

Process

- There is national guidance which sets out the process we need to follow to consider a major service change. This has 3 phases:

A case for change setting out why change is needed (this builds on several system-led reviews which have said the current services are not sustainable for the future) – **this is our current stage**

A pre-consultation business case which builds up options of how that change could be delivered for the next generation

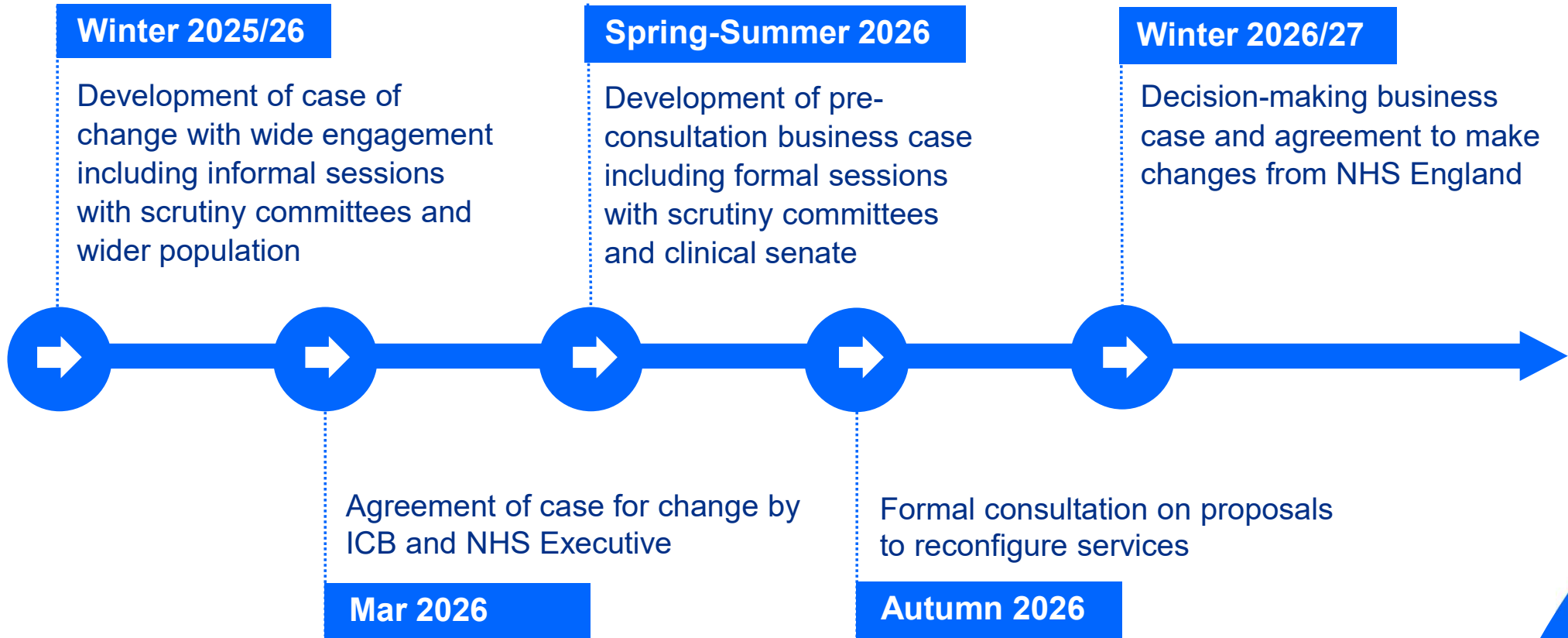
A decision-making business case which sets out the final proposal

- Given the interdependency with estates, we have developed a Strategic Outline Case for funding and we will follow this process in parallel
- We know this is a major transformation and will take time but we want to drive delivery so that we can bring about the benefits for our population

Engagement

- We have already undertaken a large amount of engagement on our strategy with the public (via Healthwatch); staff and partners, including local authorities – over 2,000 attendees at events since July 2024
- Our robust engagement plan sets out details of early and ongoing engagement with external and internal stakeholders and partner organisations including at Health and Wellbeing Boards and scrutiny committees
- Feedback from the ICB has reinforced the need for full engagement with local authority officers and members as a core part of our plan.
- We want to go beyond what is required and to use our engagement to find out in an open and transparent way what really matters to people - not just now but for the future and to build services around that. Members are crucial to our understanding in this.
- As part of the major service change process we are committed to extensive formal consultation on specific proposals where that is required, including with local authorities as statutory consultees.

Engagement timeline



Questions for discussion

- Do you have any feedback on our early ideas for strategic changes to clinical services?
- Does our high level timetable for engagement look appropriate?
- Our work with Healthwatch suggests **most** people would be willing to travel further to be seen quicker by a specialist. We are investigating whether there are clinical benefits of consolidating some services and will carry out detailed travel time analysis - what other considerations would we need to take into account for your communities?
- How would you like to be involved on an ongoing basis and how should we involve Members more widely?



University Hospitals Tees



Thank you

Tees Valley Joint Health Scrutiny
Committee

11 December 2025



Caring
Better
Together

Thursday, 11 December 2025

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 11 December 2025 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

PRESENT Councillor C Cawley (Chair)
Councillors J Coulson, C Curr, L Hall, J Kabuye and A Roy.

OFFICIALS C Jones, G Jones, C Leng and G Woods.

IN ATTENDANCE Councillor J Bromiley, K McLeod, M Neligan, C Parker, M Short, K Lawson, J Walker and Dr P Williams.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors S Crane, C Hannaway, N Johnson and M Layton.

29 MINUTES OF THE MEETING HELD ON 17 JULY 2025

RESOLVED that the minutes of the meeting held on the 17 July 2025 be confirmed and signed by the Chair as a correct record.

30 MINUTES OF THE MEETING HELD ON 2 OCTOBER 2025

RESOLVED that the minutes of the meeting held on the 02 October 2025 be confirmed subject to an amendment regarding Councillor Kabuye's attendance be changed to present, and signed by the Chair as a correct record.

31 DECLARATIONS OF INTEREST

The following declaration of interest was raised by Councillor Cawley:

- Agenda Item 5 – University Hospital Tees – Strategy update, pertaining to a relative who works as a Paediatric Student Nurse at James Cook University hospital.

32 TEES RESPITE CARE / SHORT BREAKS SERVICE - UPDATE

The Strategic Head of Commissioning for North East and North Cumbria (NENC) NHS Trust and the Service Manager for Adult Learning Disabilities at Tees, Esk and Wear Valleys NHS Foundation (TEWV) Trust presented an update on the Respite/Short Break Service based at Levick Court which was in its final stages of completion ready for opening in

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February 2026. The timeline for the final stages of the project included, the appointment of the most suitable provider which was awarded to Middlesbrough Council and TEWV, the production and sign off of the final report in November 2025, the mobilisation stage will commence between November 2025 and 1 February 2026 and the official opening was planned for 2 February 2026.

The Trust continued to meet with families throughout the process and most recently held a meeting on the 19 November to answer any questions from families seeking assurance about the service going forward.

As part of the ensuing discussion the following questions/comments were made:

- Members questioned if the service was open access for referrals, how it was advertised and was it oversubscribed. Members were informed that the service is open to everyone across the Tees Valley area however referrals are made via professional services for those patients with the most severe and complex needs, mainly through Continuing Health Care (CHC) referrals. The service is not oversubscribed, and there was additional capacity for additional patients and beds. The service works closely with those referral services to ensure it is understood how many potential residents were in the system to ensure strategic planning of future needs.
- Members sought assurance if emergency referrals would be allowed and was it a digital booking system with built in flexibility. Members were assured that the service could provide services for emergency referrals and the booking system did require additional development, however it was fit for purpose at present.
- Members queried the number of children in the system who would require support from the service once they turn 16 years old. Members were informed that the service continued to work with Children's Services and were aware of a potential 23 children who may transfer into the service by 2028.

It was **RECOMMENDED** that:

1. The update be noted; and,
2. Members be invited to an open day in January with the possibility of meeting families who utilise the service.

33 **PALLIATIVE AND END-OF-LIFE CARE STRATEGY - DEVELOPMENT / IMPLEMENTATION**

The Deputy Director of Commissioning for the Tees Valley Local delivery Team at North East and North Cumbria (NENC) Integrated Care Board (UCB) presented an update on the development and implementation of the ambitious palliative care and end of life strategy and framework which was co-designed as a result of working with partners in 2022-2023. The

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strategy included specialist care in the community which was quality assured across the Tees Valley to ensure consistency of delivery.

A key focus within the strategy was staff training to ensure considerate conversations were taking place to support families individual needs and wishes. The training included how to broach difficult conversations and it was rolled out to colleagues in all areas of health to give confidence to engage in palliative and end of life conversations.

The NENC ICB utilised a self-assessment tool at the beginning of the process and decided to monitor progress by undertaking it a second time, which evidenced significant improvements in all areas as a direct result of the implementation of the strategy. NENC ICB colleagues recognise however improvements could still be made and would continue to progress them.

As part of the ensuing discussion the following questions/comments were made:

- Members asked if the programme and training include how to engage with hard to reach groups, and how would those families know what service or programme is available to them. Members were informed that part of the training included opening up conversations about what does a good death look like, which would be different for each individual. The programme included working with more than one service, such as GP surgeries and district nurses to ensure that where possible an advanced care plan is established to support families through these difficult times.
- Members sought assurance regarding what the demand on the service was and were teams able to manage that demand. Members were assured that the palliative and end of life care services monitor who may need the service up to 12 months beforehand, enabling proactive conversations and plans to be put into action. The service was managing demand well, no patient needed to be turned away, they were meeting all timeframes for specialist care services which included a 24 hour turn around care.
- Members noted past exclusions of hospices within this vital work and sought assurance regarding partnership working. Members were assured that the hospices were included within discussions and welcomed along the journey to ensure that palliative care was a consistent framework and model care delivered across all services. All frameworks would continue to be reviewed to ensure continuous improvements were made.
- Members noted that bereavement services would benefit families after their loved one had passed away, and queried what was available. Members were informed that there were bereavement services available for families after their loved one had died and including access to mental health bereavement services for

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children and adults.

It was **RECOMMENDED** that:

1. The update be noted; and,
2. The full self-assessment and strategy with action plan be shared with the Committee.

34 **UNIVERSITY HOSPITAL TEES - STRATEGY UPDATE**

The Deputy Chief Executive and Chief Strategy Officer for University Hospital Tees (UHT) Foundation Trust (FT) presented a UHT strategy update as a follow up from the initial presentation given a year ago. Since January 2025 the UHT Group was developed from South Tees Foundation NHS Trust and North Tees Foundation NHS Trust to form the combined UHT FT Trust Group with a revised UHT Group Clinical Strategy which has progressed rapidly over the course of the year.

The rationale behind the proposed service change was a culmination of 20 years of system led reviews which identified four areas for concern which require urgent future proofing and sustainability as follows:

- To address long standing issues in some services relating to resilience in staffing.
- To address the demands of an aging population which includes delivery services closer to home.
- To address the aging estate particularly North Tees Hospital which is beyond its economic life expectancy: and,
- The need to move to a different model to deliver a step change in efficiency and productivity.

The Caring Better Together Strategy was presented which included five strategic objectives, three pillars of reform and five enablers all of which the UHT FT would be measures against and held accountable. Six areas for potential clinical changes included:

- Community Services
- Women's and Children's Services
- Urgent and Emergency Care
- Medicine
- Surgery and Anaesthetics
- Tertiary and Specialist

These changes would be substantial and therefore would be completed in phases which be planned up to 2030 and beyond. The phases include a series of testing and learning, ensuring a consistently high quality of services across the group are delivered and reforming services for the next generation.

The Assistant Director for Group Development at UHT gave assurances to Members that the engagement process would follow national guidelines

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including a Strategic Outline Case for funding due to the interdependency with estates, both processes will follow in parallel.

Engagement had commenced with Healthwatch partners ensuring members of the public were consulted very early within the process. The engagement plan sets out clear details on how external and internal; stakeholders and partner organisations would be consulted including health scrutiny committees. The engagement process will commence up to winter 2026/2027 when the decision making business case and agreement will be presented to NHS Englands.

Finally, UHT Officers hoped the Committee could see the scale of the ambition which was a once in a generation opportunity to make changes and a real difference across the region.

As part of the ensuing discussion the following questions/comments were made:

- Members referred to recently established diagnostic centres noting the lack of consultants available to deliver services, and sought assurance if it would be rectified and lessons learned going forward. Members were advised that this service was a prime example of the development of a new delivery model, which was still undergoing change.
- Members sought clarification regarding the proposal for a women's and children's clinical service noting the nearest service was based in Newcastle, which was a huge travel ask for residents in East Cleveland, particularly via public transport. Members were informed that initial exploration included a site at James Cook University Hospital and within Primary Care Trusts.
- Members questioned the vision for the North Tees Hospital, querying whether it was to redevelop the site or would there be a more radical plan. Members were informed that the current hospital is beyond its lifespan, therefore initial thinking includes a new build with modern facilities and services.
- Members referred to current pressures in hospitals regarding the lack of available beds therefore triage was taking place in corridors, and sought assurance how this would be addressed. Members were informed that as part of the strategy hospitals could be planned with more available beds, however, with an aging population with more respiratory, frailty and dementia conditions, all of which pose a risk in hospital of contracting infections. Therefore, listening to feedback confirmed that patients, and their families, would welcome more availability of community services and nurses to attend to patients in the home. This different model of care was being piloted in areas and evaluations were so far positive. Members noted positive outcomes from the reablement services whose work enabled 78% of its patients to avoid going back into

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- hospital after receiving reablement care.
- Members noted a lack of progress with digital systems; having been previously informed internal systems were separate and did not communicate between one another. Members were informed that current systems required modernisation and digitalisation development and it would be a priority within the new strategy. There are potential developments for patient AI systems and AI delivery of care systems which needs to be harnessed properly to support positive progress across all services.
- Members strongly urged health colleagues to ensure transportation and travel routes be a high priority when planning services, especially over different, multiple community locations, to ensure extensive consultation is undertaken with parents noting the Healthwatch survey feedback was quite limited and were respondents able to drive or reliant on public transport when stating they would be happy to travel further for a quicker appointment time. Members were assured that travel links and transportation would be a priority within the consultation and planning processes and would take away an action to further analyse the Healthwatch transport survey. Members further suggested cross analysis with the did not attend register to ascertain if transport issues were the cause for non-attendance.
- Members noted that the regional transport arrangements were a devolved responsibility of the Tees Valley Combined Authority who have recently consulted with individual authorities to devise their next transport strategy. Therefore, health colleagues should ensure consultation was undertaken.

Members thanked health colleagues for presenting the strategy and consultation prior to the start of the process and requested an update be presented to the committee in June or July. Committee Members were informed that health colleagues offered to present at individual authority health scrutiny committees or members briefings, should they be invited.

It was **RECOMMENDED** that:

1. The information in the proposed consultation and strategy outline be noted; and,
2. The Chief Strategy Officer to further analyse the Healthwatch patients survey to understand if respondents could drive or only access public transport and to cross reference answers against the did not show lists.
3. Health colleagues to present an update to the committee in June or July.

35 HEALTH INEQUALITIES

The Public Health Consultant for Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust (FT) presented the Health Inequalities update for

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the Tees Valley region and the approaches being taken to address the inequalities working with partner organisations. The approaches shared were backed up by a high-level framework and a detailed action plan which would be shared with Members.

It was TEWVs aspiration to utilise data better to inform future and strategic planning of services. It is planned to undertake more formal reviews of services to report back to Governors and Scrutiny Committees to be transparent and help accountable.

The Foundation Trust worked with a service who carried out a poverty proofing audit and reported back highlighting key areas of focus such as financial hardship which directly impacts residents' ability to attend appointments. Digital exclusion was a focus for the Trust however the poverty proofing audit highlighted that many families preferred to be contacted by email, in contradiction to the belief that many families struggle to access information and appointment in this way.

Examples of best practice will be systematically shared across the Trust to ensure colleagues also learn from positive examples of good working practices. Members were presented with two case studies giving examples of positive partnership working to look at an individual's circumstances holistically, often focusing on multiple issues at once.

As part of the ensuing discussion the following questions/comments were made:

- Members queried what actions were being taken to address race and ethnic minority inequalities. Members were informed that training sessions had been delivered to many staff regarding culture of care for race and equality across the Trust. Actions plans have been established with specific actions for service areas to focus upon to inform a more considered delivery of practice.
- Members sought assurance regarding how training for staff would be monitored and evaluated? Members were informed that the Trust is working to establish a baseline of all staff skills to plan strategically where training needs to be delivered. This training would then be monitored and evaluated through data returns and most importantly patient surveys.

It was **RECOMMENDED** that:

1. The information in the update be noted, and
2. The detailed action plan to be circulated with Members.

36 **WORK PROGRAMME 2025/26**

Members reviewed and **NOTED** the Work Programme.

37 **ANY OTHER ITEMS WHICH THE CHAIR CONSIDERS URGENT**

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The Chair **APPROVED** for an urgent item to be included regarding future Work Programme items.

The following items were recommended to be included within the Work Programme for 2026/27:

1. Low Level Needs
2. Vaping Legislation follow up (information item only)
3. Maternity Mental Health Service
4. University Hospital Tees (UHT) update around June 2025 to follow up from today's meeting.

At this juncture the meeting was no longer quorate, therefore these items would be added to the suggested items list of the Work Programme to be approved at a future meeting, **NOTED**.



Member Report

(TEWV) NHS Foundation Trust Adult Mental Health Crisis Services Update

Report to: Tees Valley Joint Health Scrutiny Committee

Report from: Senior Democratic Services Officer

Portfolio: Adults and Health, Welfare and Housing

Report Date: 12 March 2026

Decision Type: Committee

Council Priority: All

HEADLINE POSITION

1.0 Summary of report

The Tees Valley Joint Health Scrutiny Committee has previously received a presentation from Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust on its delivery of Adult Mental Health Crisis Services and the work undertaken to raise awareness of how to access mental health support through NHS 111. A further update is being presented at the Committee today by representatives of the Trust.

2.0 Recommendation

It is recommended that Members note the updated position and progress made since the previous update.

BACKGROUND

- 3.1 At the Committee's meeting on 13 March 2025 Members received an update on improvements to the mental health screening and triage service. It was advised that a new 24/7 single point of access had recently been made available through NHS 111 (option 2), where trained staff assessed all calls and directed people to the right support.
- 3.2 The General Manager, Crisis and Urgent Care advised at that time that early signs had shown fewer repeat calls, quicker responses and very low numbers of abandoned calls. It was also noted that TEWV planned to open two new safe havens in the Tees Valley and was working closely with voluntary and community groups to provide earlier help and reduce the need for crisis care.
- 3.2 Jamie Todd, Director of Operations and Transformation and Shaun McKenna, General Manager, Crisis and Urgent Care, Tees, Esk and Wear Valleys NHS Foundation Trust will be in attendance to provide an update and respond to Members queries on the provision of Crisis Mental Health Services across the Tees Valley.

4.0 Background Papers

4.1 Background papers used in the preparation of this report were minutes from the meeting of the TVJHS held on 13 March 2025.

5.0 Contact Officer

5.1 Name: Caroline Breheny

5.2 Position: Senior Democratic Services Officer

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5.4 Telephone Number: 01642 444065

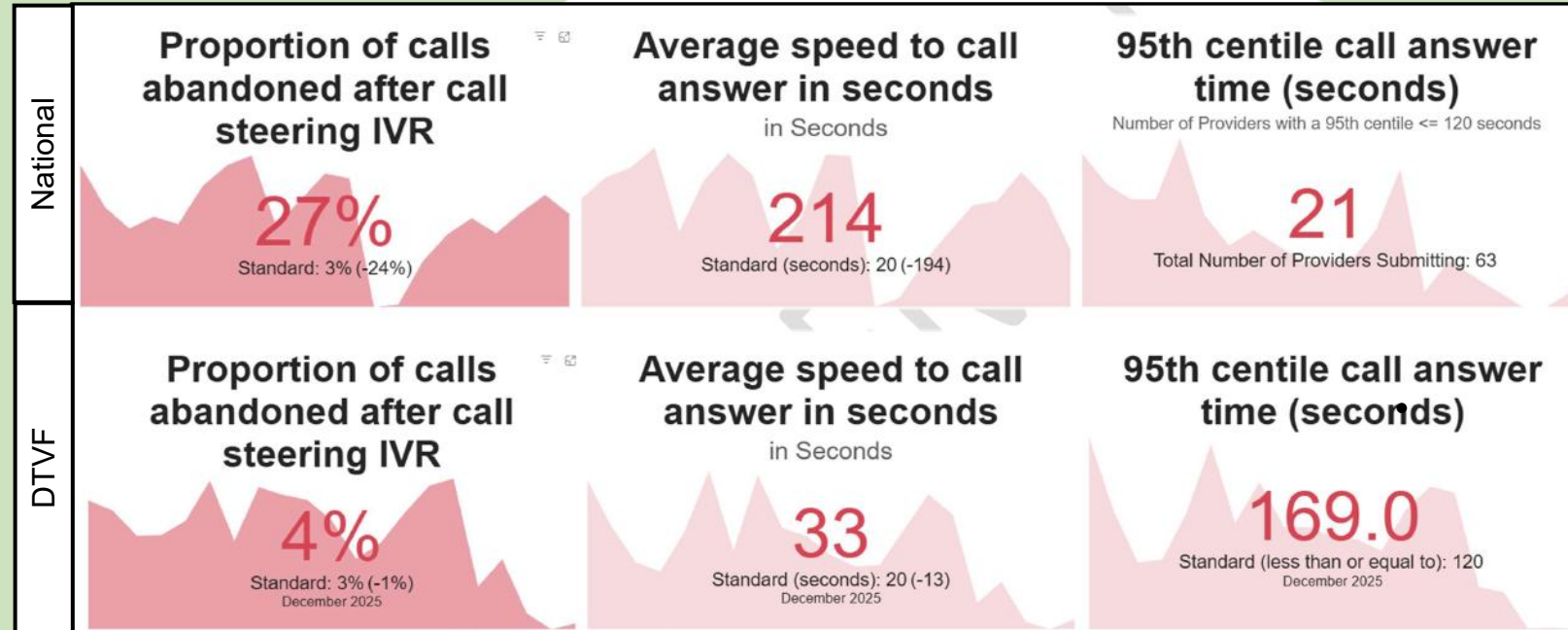
Tees Valley AMH Crisis Services Update (Dec-25)

Name of Presenter: Shaun McKenna

Position Title: General Manager

Date: 12-03-2026

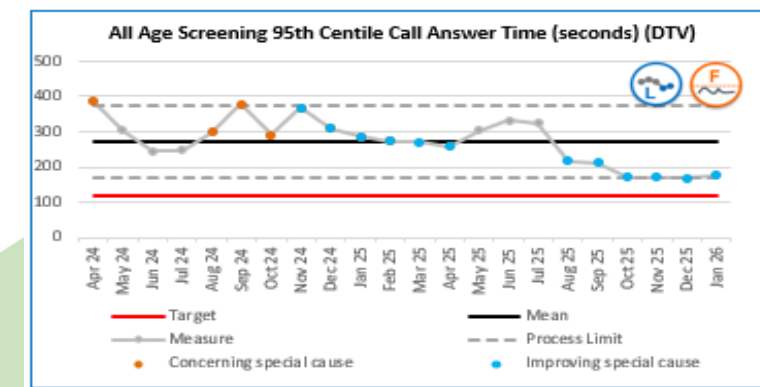
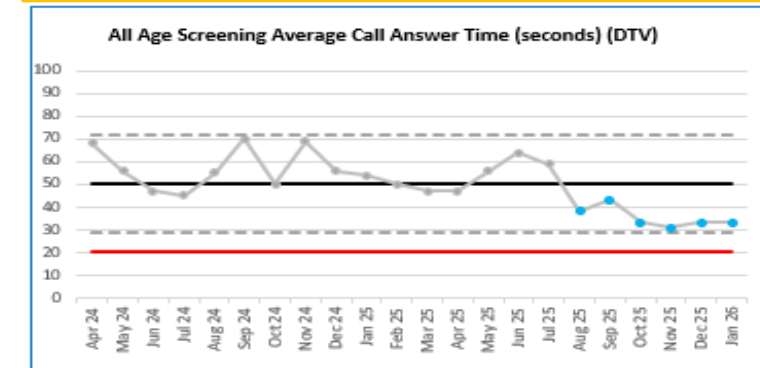
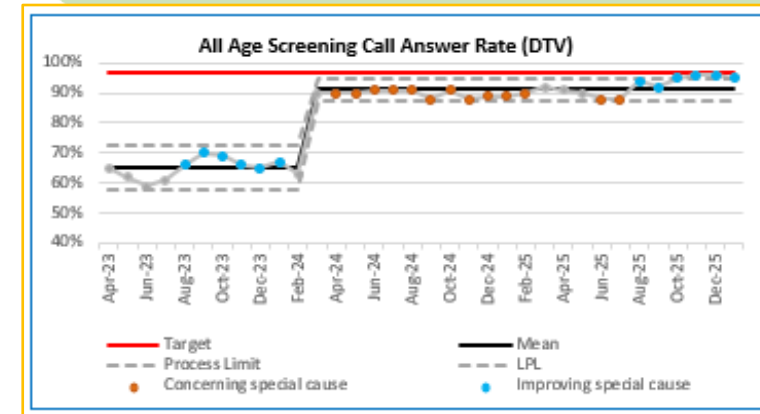
All age crisis (NHS 111 select mental health) – December 2025 position



- The national standard stipulates that 97% of calls to the “NHS 111 Select Mental Health” service must be answered, with an abandonment rate of less than 3%.
- The technical requirement is that calls must be physically answered following transfer from the Interactive Voice Response (IVR) system; call-back offers are excluded from the calculation of the call answer rate for screening calls.
- As of December 2025, the national average call answer rate stands at 73%, with 27% of calls being abandoned.
- The national standard requires that calls to the “NHS 111 Select Mental Health” service are answered, on average, within 20 seconds, with the 95th centile of calls being answered in less than 120 seconds.
- As of December 2025, the national average call answer time is 214 seconds. Although official benchmarking data is pending, an internal review of national data indicates that TEWV North East North Cumbria is ranked 7 out of 54 submitting organisations for the 95th centile call answer rate (nil submissions excluded). Benchmarking for average call answer rate is not yet available.

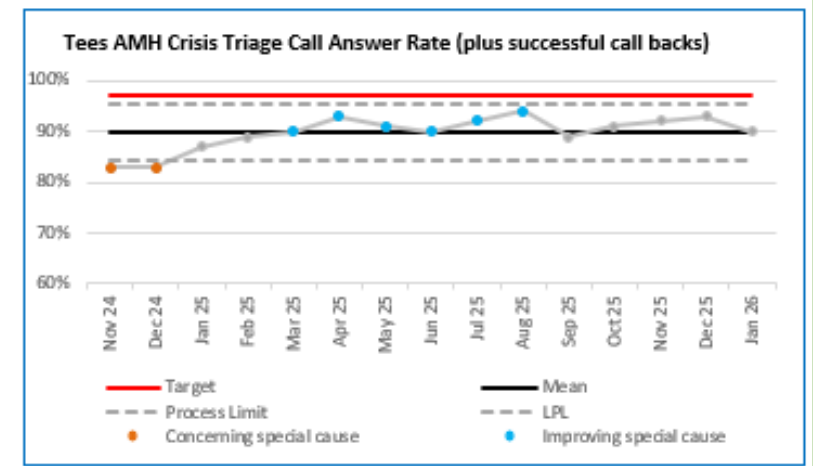
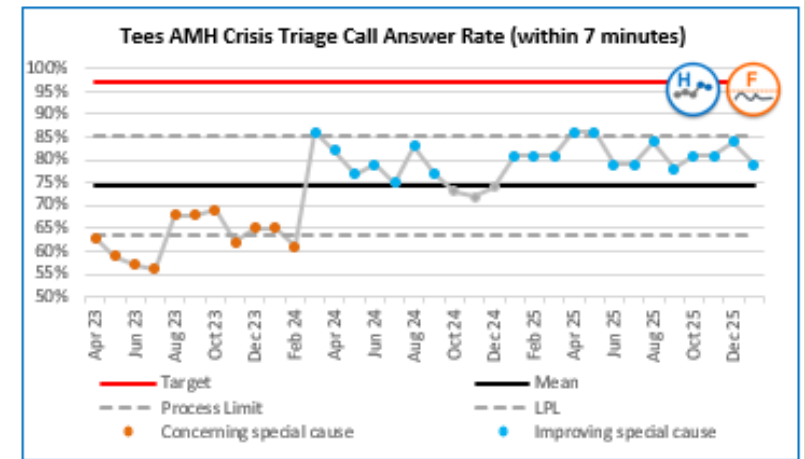
All age Durham Tees Valley crisis screening data trends - December 2025

- All-age screening call volume and call answer rates across Durham, Tees Valley (DTV) have demonstrated sustained special cause improvement since the inception of the screening service in March 2024.
- The establishment of the screening team has facilitated more timely responses to incoming calls, which is believed to have reduced the need for patients to make multiple attempts, thereby decreasing overall call volume.
- There is a sustained improvement trajectory noted across all measures, improving access and quality standards for patients.



Tees adult mental health crisis triage data trends - December 2025

- The performance of the adult mental health (AMH) crisis triage service across Durham and Tees Valley has shown significant improvement since early 2023.
- While call answer rates within seven minutes remain below the desired position, overall responsiveness, including successful callbacks, has reached a sustained and much-improved position.
- The gap in achieving call answer rates, before the call back option at 7 minutes, remains a priority.
- Continued focus on workforce planning, resource allocation, and process optimisation is essential to ensure compliance with service expectations. At the same time, the strong performance in callbacks demonstrates resilience and commitment to patient safety, providing assurance that overall responsiveness is being maintained.



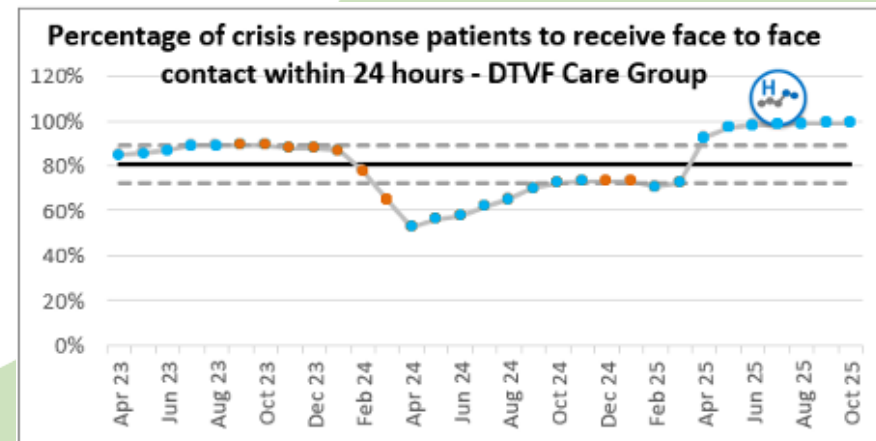
Tees Valley adult mental health (AMH) crisis access metrics



- We aim to see **95% of very urgent** adult mental health patients referred to the crisis team within 4 hours.
- A total of **179 very urgent** patients were referred to the crisis team, **168** were seen within 4 hours of referral, returning a compliance rate of **93.85%**. However, post validated position reported at **98.24%**.
- Of the **11** adults reported as not being seen by a crisis team within 4 hours of a very urgent referral a total of 8 related to data quality issues and a further 3 were true breaches due to acuity, patient choice and interpreter availability.

National Oversight Framework (NOF) Performance

- We aim to see **95% of urgent** adult mental health patients referred to the crisis team within 4 hours.
- There were 11387 new urgent referrals to crisis services with a first face to face contact in the 3-month period ending October 2025, of which 11203 (98.38%) were seen within 24 hours of referral, which is an improvement on our quarter 1 published position. In Durham, Tees Valley and Forensic Care Group 98.97% of urgent referrals were seen within 24 hours of referral.
- Organisations are scored on a ranked absolute percentage where higher is better. We are currently ranked 2 out of 45 Trusts. Our Trust published value was 97.70% (NOF score 1.07) compared to an average value of 58.00%, a ranking of 2 out of 45 Trusts. There were no peer Trusts reporting better response times in the NOF quarter 1 assessment.



Referrals

	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Aug-25	Sep-25	Oct-25
Crisis Assessment Hub	716	700	717	694	797	677	811	957	879	865	875

The referrals to the crisis assessment hub are overall referrals to the Tees service and not only to the crisis assessment suite.

Data held by the service reflecting walk in's and drop offs:

	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Total
Self referral / walk in's	100	86	100	69	78	99	103	104	145	113	125	130	1252
Police	41	36	25	49	46	51	47	63	45	52	41	59	555
Ambulance	12	14	18	15	18	19	17	27	25	25	19	20	229
Diverted from ED	8	4	3	1	2	1	3	3	2	1	2	6	36



Member Report

(TEWV) NHS Foundation Trust Quality Accounts 2025/2026

Report to: Tees Valley Joint Health Scrutiny Committee

Report from: Senior Democratic Services Officer

Portfolio: Adults and Health, Welfare and Housing

Report Date: 12 March 2026

Decision Type: Committee

Council Priority: All

HEADLINE POSITION

1.0 Summary of report

Representatives of TEWV will be in attendance to outline performance against the Trust's quality priorities for 2025-2026 and to inform the Committee of the emerging priorities for 2026-2027.

2.0 Recommendation

The Trust produces a Quality Account as part of this process. The Committee is invited to prepare a statement of assurance for inclusion in the final published version.

It is recommended that:-

- a) Members consider and comment on the update on performance in 2025-2026 and the priorities for quality improvement in 2026-2027.
- b) A statement of assurance be prepared on behalf of the Committee and submitted to the Trust, with final approval delegated to the Committee Chair and Vice-Chair.

BACKGROUND

3.1 NHS Trusts are under a duty to produce an annual 'Quality Account' – these are intended to set out:

- What an organisation is doing well.
- Where improvements in service quality are required.
- What the priorities for improvement are for the coming year.
- How the organisation has involved service users, staff and others with an interest in that organisation in determining those priorities for improvement.

3.2 Quality in the NHS is defined under the headings of 'Patient Experience', 'Patient

Safety', and 'Clinical Experience. Being able to consider the Quality Account and associated information is a key mechanism for Members to review the performance and quality of local health services. As such, each year, the Committee has an opportunity to review the quality performance of TEWV.

3.3 Scrutiny committees also have the opportunity to provide a statement of assurance to be included in the published version of the Quality Account. Following the meeting, it is proposed that a draft statement of assurance is prepared and circulated to the Committee, with final agreement delegated to the Chair and Vice-Chair.

3.4 Ahead of the meeting, and for wider context, Members may wish to familiarise themselves with the following:-

- TEWVs published Quality Account for the previous year (2024-2025)
[Quality-Account-24-25-FINAL.pdf](#)
- The Committee's last statement of assurance (submitted to TEWV on 19 May 2025) – see Appendix 1.
- The slides and discussion points from last year's Quality Account presentation
[13 March 2025: Tees Valley Joint Health Scrutiny | Hartlepool Borough Council](#)

3.5 Chris Morton, Lived Experience Director and Leanne McCrindle, Associate Director of Quality Governance, Tees, Esk and Wear Valleys NHS Foundation Trust are scheduled to be in attendance at this meeting. A presentation had been prepared and can be found at Appendix 2.

4.0 Background Papers

4.1 Background papers used in the preparation of this report were minutes from the meeting of the TVJHS held on 13 March 2025.

5.0 Contact Officer

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Tees Valley Joint Health Scrutiny Committee (Received 19/05/2025)

The Tees, Esk and Wear Valleys NHS Foundation Trust's Quality Account presentation was considered by the Tees Valley Joint Health Scrutiny Committee at its meeting on the 13th March 2025.

The Committee welcomed the content of the presentation in relation to the quality account improvement priorities for 2024/25, in particular –

- Patient experience: Promoting education using lived experience
- Patient Safety: Relapse prevention
- Clinical effectiveness: Improving personalisation in urgent care.

Attention was drawn to Priority 3 (clinical effectiveness), Members noted the improvements being made towards personalisation in urgent care, in particular the training module that had been made available to staff. Members are interested to observe the impact this will have and look forward to the findings of the evaluation. Members also supported the continuing work with services users to identify the priorities for the year ahead.

Members received an overview of the Niche assurance review commissioned by NHS England and its findings and the recent Care Quality Commission (CQC) inspection of the Mental Health Crisis Service and health-based places of safety. Members were pleased that the service had received a rating of 'good'. Referring to the most recent CQC well-led inspection of October 2023 Committee Members again expressed concern due to the number of service areas, under the 'safe' domain, listed as 'requires improvement'. Members noted the improvement plan and the subsequent audit that was taking place to ensure the effective completion and embeddedness of internal response to CQC recommendations.

Attention was drawn to the recording of clinical supervision and assurance was given by the Trust that improvements to staff training and the recording of clinical supervision were being embedded.

In relation to future priorities the Committee continues to be concerned about capacity issues identified in relation to the demand on the Child Adolescent Mental Health Services (CAMHS) and those waiting for assessments by neurodevelopmental services. The Committee emphasised the importance of addressing these issues and whilst being assured that ways to manage this were being explored, the Committee would like to receive further information about how this was being achieved.

TEWV continue to co-operate with requests for attendance at Committee meetings to provide information on a range of topics, and Members are grateful for the time and

input of Trust Representatives. The 2024-2025 municipal year saw senior officers address the Committee regarding several service areas including changes to the respite care provision and the development of the 111 service for those in need of mental health support.

The Committee was keen to note the improvements and developments to service provision. However, Members also highlighted there was still significant improvements needed and the Committee looks forward to receiving further progress updates.

Councillor Moss Boddy

Chair of Tees Valley Joint Health Scrutiny Committee 2024/25



Tees, Esk and Wear Valleys
NHS Foundation Trust

Tees, Esk and Wear Valleys NHS Foundation Trust

Quality Account and Quality Priorities Progress

**Tees Valley Joint Health Overview and Scrutiny
Committee**
12 March 2026

Tewv.cqc@nhs.net

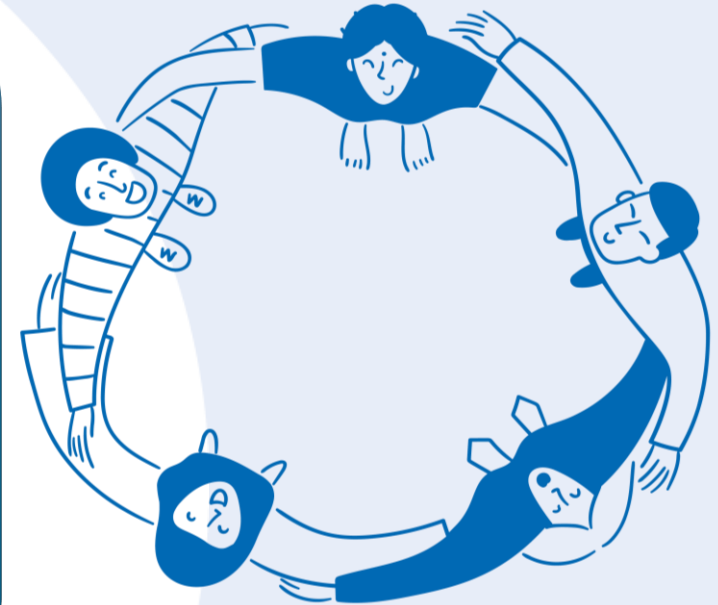
Leanne McCrindle, Associate Director of Quality Governance, Compliance and Quality Data
Chris Morton, Lived Experience Care Group Director DTV&F



TEWV Quality Account

All NHS Providers have a Statutory Duty to develop and publish an annual Quality Account by the 30 of June each year.

At the time of reporting, TEWV continues to collaborate with relevant senior leaders and subject matter experts to enable all contributions to be collated covering the period April 2025 to March 2026. The Quality Account will include completion of mandated statements regarding quality, an update of progress made with the Trust's Quality Priorities, and details of those priorities where milestones/ measures will continue to be embedded into the following financial year. This presentation includes progress on TEWV Quality Priorities, and the full Quality Account will be shared during the stakeholder consultation period. The timeline for stakeholder consultation, internal review/ approval and publication is detailed as follows:



**30/04/2026 -
31/05/2026**
Stakeholder
Consultation

04/06/2026
Quality Assurance
Committee

June 2026
Board of Directors

22/06/2026
Audit and Risk
Committee

By 30/06/2026
Publication

TEWV Quality Priorities Progress

Background:



In April 2024, the Trust's Quality Assurance Committee endorsed a new co-creation approach to developing Quality Priorities, with each priority co-led by people with lived experience. This ensures that the voice of service users, carers and families is at the heart of quality improvement.

The quality priorities will be sustained and carried forward over a three-year timeline to ensure sustained continuous improvement and a steadfast commitment to delivering of high-quality care. These are some of the most important priorities for people who use our services, and we are therefore committed to supporting a strategic approach that aims to embed these priorities over the next 3 years, within our operational framework.

Quality Priority 1
Patient Experience:
Promoting education
using lived experience



Quality Priority 2
Patient Safety:
Relapse Prevention



Quality Priority 3
Clinical Effectiveness:
Improving Personalisation
in Urgent Care



Why is this important?

This priority is focused on improving accessibility of services and early intervention. Through the identification and review of themes of patient feedback regarding access to services; the use of the Recovery College and patient stories, we will establish a cycle of learning, which will be shared with key Partners.



Quality Priority 1

Patient Experience: Promoting education using lived experience



Tees, Esk and Wear Valleys
NHS Foundation Trust

Measures already delivered to support this Quality Priority:

- ✓ A Training Lead was recruited to the Involvement and Engagement Team and commenced in post October 2024. Their role is focused on consolidating existing training packages that the Trust currently use about lived experience and coproduction. This review will incorporate training on personalised care planning. Another function of the Training Lead role will be supporting the training roll out across the Trust.
- ✓ The Trust Safeguarding and Public Protection Team have been working with groups of young people via Participation Groups and schools to look at what young people think about feeling safe. The voice of the young people will be collated and used in Safeguarding Training and other key work in relation to the impact of parental mental health on children to increase awareness and support early identification of needs for families.
- ✓ Training and development sessions have been co-created on the new 'Co-creation Framework' and are available to all teams.
- ✓ The induction and training programme for Involvement and Engagement members has been re-designed and rolled out. Work continues into the new year to co-create a development programme for Involvement and Engagement members.
- ✓ Partnerships with local acute Trusts have been strengthened and a range of training opportunities have been made available to enhance care for patients. Health and Justice also continue to deliver training to HMPs and Partner organisations.

Further areas in progress to support delivery of this Quality Priority:

Strategic Carer Involvement

- During Quarter 3 25/26, conversations across Patient Experience and Patient Safety.
- The Working Carers Network, Peer Support, Nursing, and Care Group leadership identified that significant carer-focused work is already taking place, but that it is fragmented and insufficiently connected at a strategic level.
- As a direct response, an introductory Trust-wide workshop on carer involvement was convened on the Thursday 27 November with Carers from the Trust involvement register, external carer organisations and Internal teams spanning patient experience, patient safety, involvement & engagement, peer support, nursing, and care groups
- The purpose of this session was to begin a collaborative conversation about how carers' voices can more meaningfully inform strategic decision-making, and how existing work can be better aligned and strengthened.
- This approach reflects a shared decision-making (SDM) perspective, recognising carers as partners in shaping improvement rather than consultees at the end of the process.

Clear Mapping of Existing Carer-Related Activity

- In preparation for this work, a comprehensive overview of **current carer involvement across the Trust** has been developed and shared, drawing together:
- Patient Experience activity (including carer awareness training, Triangle of Care accreditation, metrics and reporting)
- Patient Safety work (PSIRF, family involvement in After Action Reviews, bereavement support and language guidance)
- Involvement & Engagement structures (Co-Creation Boards, locality involvement groups, Trustwide forums)
- Care Group delivery (Triangle of Care self-assessments, carer champions, local initiatives across DTVF and NYYS)
- Workforce support through the **Working Carers Network**
- This mapping exercise has been critical in **making visible both the scale of existing effort and the inconsistency of strategic oversight**, which was a key concern raised in earlier assurance discussions.

Strengthening Assurance Through Strategic Dialogue

- Rather than treating carer awareness as solely a training issue, Quarter 3 has reframed this as a governance and assurance challenge:
 - How carers are involved in decisions about care, safety, and service change
 - How learning from carers is captured, shared and acted upon
 - How assurance moves beyond accreditation or attendance metrics to consider quality and influence
- The November workshop is therefore positioned as the first step in a longer-term strategic approach, enabling clearer next steps around governance routes, leadership ownership, and alignment with Quality Priorities.

Co-Creation Group Quarter 3 25/26 assurance review:

Assurance for this priority remains **reasonable**, with improved confidence that the gap around carers has been explicitly recognised rather than minimised, action being taken is **system-wide and collaborative** and not isolated, and carers are being engaged as contributors to strategy, not only service-level feedback. However, assurance is **not yet full**, as this work is at an early stage and will require follow-through to demonstrate impact on experience and decision-making.

Why is this important?

This priority is focused on timely and proactive access to support, for patients who experience relapse, in order to minimise harm, particularly through the effective use of well-being plans.



Quality Priority 2

Patient Safety: Relapse Prevention



Tees, Esk and Wear Valleys
NHS Foundation Trust

Measures already delivered to support this Quality Priority:

- ✓ A review of Wellbeing Plans has been progressed, and further work continues on best practice examples for people using community services. Relapse prevention will be further supported through the implementation of the new Personalising Care Planning Policy, which will be live from February 2025. A communication and engagement campaign is currently in development and will last 6 months to embed the new policy. Practice guidance, best practice approaches and documentation to support clinicians and staff is also being developed to help embed the policy.
- ✓ Outline guidance for wellbeing plan content is also now available to all staff via the 'Ask Cito' robot.
- ✓ The Quality Assurance and Improvement Programme tools include regular review of patient's safety plan and its co-production with the patient (or significant person involved in their care where they are unable to). This is where wellbeing and relapse prevention needs are documented on the electronic patient record.

Further areas in progress to support delivery of this Quality Priority:

During Quarter 3, work under this priority has focused on **embedding the foundations for improved relapse prevention**, strengthening governance challenge, and preparing for more detailed assurance work in Quarter 4.

Key areas of progress include:

Coproduced training resources and animations on relapse prevention and safety planning have been launched, aligned to the Personalising Care Planning and Safety & Risk Management policies.

Ongoing use of the **Quality Assurance & Improvement Programme** continues to demonstrate improving compliance with safety planning requirements, while also surfacing variability in quality and consistency.

Co-Creation Board discussions have provided clear and constructive challenge, highlighting:

- The risk of over-reliance on tick-box safety plans

- Inconsistent post-discharge follow-up

- The need to strengthen meaningful involvement of carers and support networks

These discussions have supported a deliberate shift in focus from *whether plans exist* to *whether plans are personalised, accessible and effective in preventing relapse*.

National Alignment and Governance Development

During Quarter 3, exploratory work has also begun to align local practice with the emerging **NHS England Personalised Care Framework (Modern CPA)**, which places personalised safety assessment, formulation and management at the centre of care delivery.

Key developments include:

- Initial discussions with senior clinical leaders and business case development regarding the **transition of the Personalised Care Framework into business as usual**, with proposed future oversight through the **Executive Clinical Triumvirate**.
- Agreement that further work is required to clarify governance, accountability and assurance arrangements, ensuring this does not recreate process-heavy CPA practices.
- Planned Care Group Director and Executive Development sessions to inform formal consideration by in Quarter 4.

This provides a strong strategic foundation for addressing the quality and consistency issues already identified through local assurance and co-creation.

Co-Creation Group Quarter 3 25/26 assurance review:

Assurance for this priority remains **reasonable**, with clear caveats:

- Policy, training and strategic alignment are in place.
- Evidence of consistent, high-quality practice is still emerging.
- Post-discharge support, plan usability and carer involvement remain key areas for improvement.

Importantly, these gaps are now **explicitly recognised and informing next steps**, rather than being obscured by aggregate compliance measures.

Why is this important?

This priority is focused on improving the effective use of the 'my story once' approach. The priority will be linked with the community transformation work and also aims to improve patient experience when accessing urgent care services.



Quality Priority 3

Clinical Effectiveness: Improving Personalisation in Urgent Care



Tees, Esk and Wear Valleys
NHS Foundation Trust

Further areas in progress to support delivery of this Quality Priority:

Measures already delivered to support this Quality Priority:

- ✓ The 'My Story Once' principles have been incorporated into the Personalising Care Planning Policy and the approach is modelled in the training that has been developed.
- ✓ The Policy was circulated for Trust wide and external consultation and is due for approval and launch (supported by communication and training campaigns).
- ✓ The training package has been reviewed and updated.
- ✓ Planning of the training programme has commenced including a face-to-face training day. This is instead of the online training module on personalising Care Planning previously delivered. The new face-to-face training will reflect the interdependency of the policies mentioned previously and will include training on the new Safety and Risk Management Policy, Personalising Care Planning Policy and Working with People being in distress. Roll out of the training programme will continue into 2026 for all applicable staff.
- ✓ Personalised Care Planning webinars have been held to provide staff with valuable insights and all the tools, approaches and skills required to develop meaningful and personalised care plans for those we care for.

During Quarter 3, activity under this priority has focused on **targeted workforce development, system enablers for information sharing, and strengthening clinical leadership oversight.**

Key areas of progress include:

- **Targeted training for urgent care teams** has been accelerated, with a specific focus on validating existing care plans and patient narratives rather than re-assessing by default.
- **Digital prompts within the Electronic Patient Record (EPR)** have been introduced to remind staff to check for existing care plans, safety plans and patient narratives before initiating further assessment.
- **Culture of Care sessions for medical staff and delivery to leadership** have been launched, focusing on compassionate, person-centred practice in urgent and inpatient settings. These sessions explicitly reinforce the principles of personalisation, shared understanding and appropriate information use. Early feedback indicates increased awareness among clinicians of the impact of repeated questioning and the importance of validating what patients have already shared.

Information Sharing and "One Person, One Assessment"

During Quarter 3, progress has been made in developing **Trust-wide Information Sharing Guidance**, co-produced with VCSE partners facilitated by Teesside Mind and people with lived experience, to support more personalised and effective urgent care.

The guidance responds to persistent challenges that undermine personalisation, including variable information sharing between organisations, unnecessary repeat assessments and referrals, and limited feedback to individuals about referral outcomes.

It promotes a **"One Person, One Assessment"** approach, grounded in shared principles of common language, proportionate and purposeful information sharing, trauma-informed conversations, and professional confidence in information gathered by partner services.

Work is now underway to seek **organisation-wide agreement and adoption through combined governance structures**, supporting consistent implementation across urgent, community and inpatient pathways.

Culture of Care and Urgent Care Interfaces

Culture of Care work in inpatient services continues to make an important contribution to this priority, particularly at the **interface between urgent, inpatient and discharge pathways.**

This work reinforces:

The importance of **relational continuity**, especially when people move rapidly between services.

Practices that reduce distress and harm caused by fragmented communication and repeated questioning.

The role of compassionate, trauma-informed care in improving both patient experience and clinical effectiveness at moments of crisis.

The integration of Culture of Care principles into medical and leadership development strengthens the conditions for more consistent personalisation in urgent care settings.

Co-Creation Group Quarter 3 25/26 assurance review:

Assurance for this priority remains **reasonable**, with clear evidence of action and early impact.

The combination of **Information Sharing Guidance** and **Culture of Care workstreams** provides a strong and coherent foundation for improvement. Further work is required to achieve consistent personalisation in urgent care, particularly in embedding information sharing practices and ensuring all staff reliably validate what has already been shared by patients.

**ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE
Work Programme 2026-2027**

Date (4.30pm unless stated)	Topic	Attendance
21 April 2026	Monitoring: Action Plan – Stockton-on-Tees Adult Carers Support Service Stockton-on-Tees Wellbeing Hub Overview Report: SBC Adults, Health & Wellbeing (Adult Social Care / Strategy & Transformation) Regional Health Scrutiny Update	Graham Lyons Sarah Jones Cllr Pauline Beall / Carolyn Nice / Angela Connor / James O'Donnell / Jacqui Warrior
19 May	North Tees and Hartlepool NHS Foundation Trust (NTHFT): Quality Account 2025-2026 Monitoring: Progress Update – Access to GPs and Primary Medical Care Review of Protection of Property <ul style="list-style-type: none"> • (Draft) Scope and Project Plan (TBC) Health and Wellbeing Board: Previous Minutes (January & March 2026)	TBC Sarah Bowman-Abouna / Emma Joyeux / Rebecca Warden TBC
23 June	PAMMS Annual Report (Care Homes): 2025- 2026 (TBC) CQC / PAMMS Quarterly Update: Q4 2025-2026 Review of Protection of Property <ul style="list-style-type: none"> • TBC Regional Health Scrutiny Update	Darren Boyd Darren Boyd
21 July	SBC Adult Social Care Complaints 2025-2026 (TBC) Tees Valley Care and Health Innovation Zone (TBC) Review of Protection of Property <ul style="list-style-type: none"> • TBC 	Cllr Pauline Beall / Carolyn Nice
22 September	Healthwatch Stockton-on-Tees: Annual Report 2025-2026 (TBC) Monitoring: Progress Update – Reablement Service Overview and Performance Report: Adults, Health & Wellbeing (Public Health)	Rob Papworth Cllr Pauline Beall / Carolyn Nice / Sarah Bowman-Abouna

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE Work Programme 2026-2027

Date (4.30pm unless stated)	Topic	Attendance
	CQC / PAMMS Quarterly Update: Q1 2026-2027 Review of Protection of Property <ul style="list-style-type: none"> • TBC 	Darren Boyd
20 October	Care and Health Winter Planning 2026-2027 (TBC) Review of Protection of Property <ul style="list-style-type: none"> • TBC 	
17 November	SBC Director of Public Health: Annual Report 2025-2026 (TBC) CQC / PAMMS Quarterly Update: Q2 2026-2027 Review of Protection of Property <ul style="list-style-type: none"> • TBC Regional Health Scrutiny Update	Sarah Bowman-Abouna Darren Boyd
15 December	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2025-2026 (TBC) Stockton-on-Tees Independent Complaints Advocacy: Annual Report (TBC) Review of Protection of Property <ul style="list-style-type: none"> • TBC 	
19 January 2027	Regional Health Scrutiny Update	
16 February	CQC / PAMMS Quarterly Update: Q3 2026-2027	Darren Boyd
23 March	Overview and Performance Report: SBC Adults, Health & Wellbeing (Adult Social Care / Strategy & Transformation)	Cllr Pauline Beall / Carolyn Nice / Angela Connor

2026-2027 Scrutiny Reviews

- Protection of Property

Monitoring Items

- Access to GPs and Primary Medical Care (Progress Update) – May 2026
- Reablement Service (Progress Update) – September 2026
- Stockton-on-Tees Adult Carers Support Service (Action Plan) – April 2026

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE Work Programme 2026-2027

Performance and Quality of Care (standing Items)

- SBC Adults, Health and Wellbeing – Overview Report
- SBC Director of Public Health – Annual Report
- SBC PAMMS (Care Homes) – Annual Report
- SBC Adult Social Care Complaints (Local Government & Social Care Ombudsman) – Annual Report
- Healthwatch Stockton-on-Tees – Annual Report
- Care Quality Commission (CQC) – State of Care Annual Report
- Teeswide Safeguarding Adults Board (TSAB) – Annual Report
- North Tees and Hartlepool NHS Foundation Trust (NTHFT) – Quality Account

Regular Reports

- Regional / Tees Valley Health Scrutiny – Updates
- Care Quality Commission (CQC) / PAMMS – Quarterly Inspection Updates
- Health and Wellbeing Board – Minutes
- Care and Health Winter Planning – Update

Other Reports (as required)

- Healthwatch Stockton-on-Tees – Enter and View Reports
- Care Quality Commission (CQC) – Inspection Reports (by email / by exception at Committee)

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