



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

Meeting held on: 2<sup>nd</sup> June 2023 12pm – 2pm  
 Held at: Stockton Employment and Training Hub,  
 Wellington Square, Stockton, TS18 1RG

Item No:	Meeting Notes	Action
TVICP/23/10	<b>Welcome and Introductions</b>	
	<p>Councillor Cook, as Chair, welcomed colleagues to the Tees Valley Area Integrated Care Partnership (ICP) Meeting. He advised that following agreement with the Local Authority Chief Executives of the Tees Valley the representatives at this meeting, going forward, will be</p> <ul style="list-style-type: none"> <li>• John Sampson – Redcar &amp; Cleveland</li> <li>• Erik Scollay - Middlesbrough</li> <li>• James Stroyan – Darlington</li> <li>• Ann Workman – Stockton</li> <li>• Craig Blundred – Hartlepool</li> <li>• Mark Adams – Middlesbrough</li> </ul> <p><b><u>Present:</u></b></p> <ul style="list-style-type: none"> <li>• Councillor Bob Cook (Chair) (BC) – Health and Well-being Board Chair &amp; Leader of Stockton Borough Council</li> <li>• David Gallagher (DG) – Executive Area Director (South), NENC ICB</li> <li>• Alex Sinclair (AS) – ICB Director of Place (Stockton), NENC ICB</li> <li>• Ann Workman (AW) – Director of Adult Services, Stockton Borough Council</li> <li>• Brent Kilmurray (BK) – Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust</li> </ul>	

- Christopher Akers-Belcher (CAB) - Chief Executive of Healthwatch Hartlepool, and the Healthwatch Network Regional Coordinator NENC
  - Clare Gamble (CG) - Community Projects Manager, Catalyst
  - Craig Blundred (CBlu) – Director of Public Health, Hartlepool Borough Council
  - Deepak Dwarakanath (DD) – Medical Director, North Tees & Hartlepool NHS Foundation Trust
  - Professor Derek Bell (DB) – Chair, North Tees & Hartlepool NHS Foundation Trust / South Tees Hospitals NHS FT
  - Dr Dharendra Garg (DhG) - PCN/CD Representative, Stockton PCN
  - Dr Helen McLeish (HM) – PCN Clinical Director, Darlington PCN
  - Karen Hawkins (KH) - ICB Director of Place (Hartlepool) NENC ICB
  - Ken Ross (KR) – Public Health, Darlington Borough Council
  - Mark Adams (MA) – Director of Public Health, Middlesbrough Council / Redcar & Cleveland Council
  - Patrick Rice (PRi) - Director of Adults and Communities, Redcar and Cleveland Borough Council
  - Dr Janet Walker (JW) – Medical Director, NENC ICB
  - Julian Penton (JP) - Voluntary Sector Lead/3rd Sector, Hartlepower (Hartlepool)
  - Martin Gray (MG) - Director of Children's Services, Stockton Borough Council
  - Martin Short (MS) - ICB Director of Place (Darlington), NENC ICB
  - Mike Greene (MG) – Chief Executive, Stockton Borough Council
  - Richard Scothton (RS) – Chair, County Durham & Darlington FT
  - Sandra Britten (SB) - Chief Executive (Operational) on behalf of Hospices North East & North Cumbria Collaborative, Alice House Hospice
  - Sue Jacques (SJ) – Chief Executive of County Durham & Darlington Foundation Trust
  - Dr Teik Goh (TG) - PCN/CD Representative, Redcar and Cleveland PCN
  - Mark Davis (MD), Middlesbrough Voluntary Development Agency (MVDA)
- In Attendance:**
- Shaun Mayo (SM) – General Manager, Tees, Esk and Wear Valleys NHS FT
  - Ranjeet Shah (RS) – Consultant Psychiatrist, Tees, Esk and Wear Valleys NHS FT

	<ul style="list-style-type: none"> <li>• Dr Dan Jackson, Director of Stakeholder, Policy and Public Affairs, NENC ICB</li> <li>• Kate Sutherland (KS) – Senior Governance Lead (Tees Valley) NENC ICB</li> <li>• Jane Smailes (Note Taker) (JS) – Office Manager, NENC ICB</li> </ul>	
TVICP/23/11	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>• Dr Bharat Kandikonda - PCN/CD Representative – Middlesbrough PCN</li> <li>• Craig Blair - ICB Director of Place, Middlesbrough / Redcar &amp; Cleveland, NENC ICB</li> <li>• Denise McGuckin – Managing Director of Hartlepool Borough Council</li> <li>• Erik Scollay – Director of Adult Services, Middlesbrough Council</li> <li>• Helen Ray – Chief Executive of North East Ambulance Service NHS FT</li> <li>• Ian Williams – Chief Executive, Darlington Council</li> <li>• Dr Jackie McKenzie - PCN/CD Representative, Hartlepool PCN</li> <li>• James Stroyan – Director of People (Children &amp; Adults), Darlington Council</li> <li>• Jill Harrison - Director of Adult &amp; Community Based Services, Hartlepool Borough Council</li> <li>• Jon Carling - Voluntary Sector Lead/3rd Sector, Catalyst Stockton</li> <li>• Jean Golightly - Director of Nursing (South), NENC ICB</li> <li>• Julie Gillon – Chief Executive of North Tees &amp; Hartlepool NHS Foundation Trust</li> <li>• Kathryn Boulton - Director of Children's Services, Redcar and Cleveland Borough Council</li> <li>• Kerry McQuade – Assistant Director of Strategy, Planning &amp; Partnerships of North East Ambulance Service NHS FT</li> <li>• Lynne Walton – Director of Finance (South), NENC ICB</li> <li>• Penny Spring – Director of Public Health, Darlington Borough Council</li> <li>• Peter Neal - Redcar &amp; Cleveland Voluntary Development Agency (RCVDA)</li> <li>• Peter Rooney - Director of Strategy and Planning, NENC ICB</li> <li>• Sarah Bowman-Abouna – Director of Public Health, Stockton Borough Council</li> <li>• Councillor Shane Moore - HWBB Chair &amp; Portfolio for Health, Hartlepool Borough Council</li> <li>• Toni Mchale – Sub Regional Co-ordinator / Project Development Manager, Healthwatch</li> </ul>	

TVICP/23/12	<b>Declarations of Interest</b>	
	Councillor Bob Cook (BC) reminded colleagues of the importance of the robust management of conflicts of interest and asked individuals to raise any potential conflicts of interest as the meeting progressed. No conflicts of interest were raised.	
TVICP/23/13	<b>Minutes from Previous Meeting</b>	
	The minutes of the meeting, held 31 <sup>st</sup> March 2023, had previously been circulated to members for comment. There were no amendments requested and therefore the minutes were <b>AGREED</b> as an accurate record. Confirmed minutes will also be shared with Health and Wellbeing Boards for information.	
TVICP/23/14	<b>Matters Arising &amp; Action Log</b>	
	There were no outstanding actions on the Action Log and no matters arising were noted.	
TVICP/23/15	<b>Healthwatch Update</b>	
	<p>The presentation, including the four Healthwatch locality reports had been circulated to members prior to the meeting.</p> <p>Mr Akers-Belcher (CAB) delivered the Healthwatch Update, which was a discussion item to hear key themes from the patient voice across the Tees Valley.</p> <p>The presentation provided a brief overview of background and role of Healthwatch and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The NENC Network Structure,</li> <li>• Contributions by the Network including volunteering, information, intelligence and reports,</li> <li>• Examples of Healthwatch reports were shared from across Darlington, Hartlepool, South Tees (Middlesbrough and Redcar &amp; Cleveland) and Stockton.</li> </ul> <p>CAB advised that the Healthwatch reports for each locality were produced quarterly and provided an overview of the current issues in each locality. CAB highlighted key issues from the reports.</p> <p>Cllr Cook (BC) noted that some of the issues highlighted in the Healthwatch reports had been raised at the Health and Wellbeing Board (HWB) in Stockton, specifically GP Access.</p>	

	<p>David Gallagher (DG) thanked CAB for the wealth of information that was provided in the presentation and noted that many of the issues raised were national concerns, not just specific to the Tees Valley, ie access to NHS dental services. He also noted the need for clearer and consistent descriptors of services that were meaningful to the public, for example the extended hours service provision.</p> <p>Following a query, CAB advised that Healthwatch reports were provided to each ICB Director of Place to be included with papers for the relevant ICB Place Sub-Committee. Karen Hawkins (KH) explained that each NENC ICB Director of Place also had lead responsibilities for specific portfolios across the Tees Valley and they would share any portfolio information from the reports for consistency across other places.</p> <p><b>ACTION: There was an ask if all the reports could be made easily accessible for partners, for example adding to the NENC ICB website. This feedback will be provided to the communications team.</b></p> <p>Further to a query regarding GP access CAB advised that Healthwatch Hartlepool was working with the GP Federation to help promote the right time access for GP or pharmacy services and when the public should dial 111. Whilst noting that access to GP services was included in the Healthwatch reports CAB explained that GP access had much improved following recent investment.</p> <p>DG advised it was important to understand the public perception of GP access against the reality of gaps in service provision. He highlighted the national work on extending service provision and following the launch suggested this be an item to bring to a future meeting.</p> <p>Karen Hawkins (KH) explained that work was continuing, both regionally and locally, in respect of the 'Delivery Plan for Recovering Access to Primary Care'. The work included issues such as workforce and digital and she suggested that once the plans were agreed this should be brought to the meeting for information. The plan would likely be agreed in September 2023.</p> <p><b>ACTION: Enhanced Access to GP Services / Delivery Plan for Recovering Access to Primary Care to be added to a future meeting agenda, possibly September 2023.</b></p> <p>There was a discussion regarding the need to empower patients to self-care through different programmes and to ensure a holistic view, including the Waiting Well initiative. It was noted that there could be opportunities within the</p>	<p><b>KS</b></p> <p><b>JS</b></p>
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	<p>ICP for collective and partnership working to strengthen communities.</p> <p>Following a query from Dr Goh (TG), CAB advised that Healthwatch was working with Youth Focus: North East to establish ways of engaging with young people through youth groups, youth parliaments etc. He also advised that the work had only started 6 months ago but that a report would be brought to a future meeting.</p> <p><b>ACTION: Healthwatch work with Youth Focus: North East to be added to a future meeting agenda/Healthwatch update.</b></p>	<p><b>JS</b></p>
<p>TVICP/23/16</p>	<p><b>Tees, Esk and Wear Valleys NHSFT (TEWV) – Community Mental Health Model</b></p>	
	<p>The presentation had been circulated to members prior to the meeting.</p> <p>Brent Kilmurray (BK) introduced the presentation by explaining that thresholds set by services can sometimes push people away and there was need for services to think about the whole person and this included health, housing, financial and social care.</p> <p>The presentation delivered by Shaun Mayo (SM) and Ranjeet Shah (RS) included the following;</p> <ul style="list-style-type: none"> <li>• Reminder of core aims of Community Transformation</li> <li>• Tees Valley Stakeholder Feedback</li> <li>• The vision for Community Transformation including integrated services delivering collaborative pathways which meet the needs of the local population</li> <li>• Organisational change</li> <li>• Recognition of the work done to date.</li> </ul> <p>Examples of some of the Community Transformation were given including the community pharmacy hub in Hartlepool and the role of care navigators in each hub. RS explained that the development of weekly virtual huddles had been a key development in providing a holistic approach. RS talked through the planned milestones and next steps focusing on evaluation.</p> <p>Positive feedback on the work to date and engagement with partners to shape the new ways of working was received from a number of members, including the principle that there is "No wrong door to get help".</p>	

	<p>BK highlighted the need for community and mental health services to provide more integrated services and it was acknowledged that mutual trust and assessment would be key in order to integrate further with physical health. This work was not just about working adults but older adults with frailty.</p> <p>Martin Gray (MG) said there were parallels to be drawn around children's mental health and using the same approach to redesign ways of working. He said it was a credit to TEWV to be making space for this piece of work. It was recognised that a lot of time had been invested into the partnership approach, including with Primary Care, to make this work. Additionally, more work was required to look at joint roles that wrapped around neighbourhoods.</p> <p>CAB described this work as some of the most rewarding that Healthwatch had been involved with and requested that the hard to reach groups were included in any evaluation.</p> <p>Following a query from Dr Teik Goh (TG) regarding young people and those transitioning into adulthood SM advised there would be changes in the framework over the next 12 – 18 months to look at outcomes.</p> <p>Julian Penton (JP) said that the relationship between organisations and the public were key and needed to be built on trust. He hoped that the Hartlepool example would be a whole system integrated governance system with organisations making different contributions to people's well-being and the development of shared values.</p>	
TVICP/23/17	<b>Better Health, Fairer Health</b>	
	<p>The presentation had been circulated to members prior to the meeting.</p> <p>Mark Adams (MA) provided an update looking at health inequalities and this included an update from recent meetings of the ICB Healthier and Fairer Advisory Group.</p> <p>The presentation highlighted the work of different workstreams as below:</p> <ul style="list-style-type: none"> <li>• Prevention Workstream which includes CVD Prevention, Tobacco, Alcohol, Public Health Prevention in Maternity, Health Weight and Treating Obesity</li> <li>• Health Inequalities, where the first 'formal' meeting had only recently taken place</li> </ul>	

	<ul style="list-style-type: none"> <li>• NHS Contribution to Broader Determinants including Health Literacy, Anchor Institutions Network, Digital Inclusion and Poverty Proofing.</li> </ul> <p>MA highlighted a pilot taking place in North of Tyne using Population Health Management and how best to dovetail Public Health with Primary Care services. The programme has some emerging themes and whilst the applications may not be applicable across the wider patch due to geographical issues the learning could be shared with this group.</p> <p>There was a discussion regarding the Prevent: Tobacco workstream and the involvement of Fresh (smoking cessation service) with the increase in vaping of children and young people. MA advised that Fresh were leading the lobbying of Government to close the loophole that allowed children to access promotional vapes.</p> <p>The meeting was advised of examples in other parts of the country where investment in local communities by anchor institutions had resulted in significant improvements.</p> <p>There was significant discussion about the role of Combined Authorities (CAs) in other parts of the country and whether the CAs had any devolved health responsibility. It was noted that the Tees Valley Combined Authority's (TVCA) focus was economic, with no health responsibility. However, it was felt that the TVCA could provide an additional Government interface and along with its focus on employment they could make a contribution to this group. MA commented that there was an opportunity to think bigger and differently through this group and not just local at small scale changes. This could include having programmes that would help people to develop careers within health and social care and maybe go on to be nurses or social workers. There needed to be an increase in the base level of skills to improve employability of local people to fill the better jobs that are available.</p>	
TVICP/23/18	<b>Update from JSNA Analysis Work</b>	
	<p>Craig Blundred (CB) delivered the presentation which provided feedback from the collective work that is underway across the Tees Valley undertaken by the Directors of Public Health.</p> <p>The presentation outlined what Joint Strategic Needs Assessments (JSNA) were and how evidence from the JSNA and other research could be used to add value at a Tees Valley level. The presentation also included statistics</p>	



	<p>regarding demographic make up of the Tees Valley, levels of deprivation and life expectancy.</p> <p>CB noted that access to local data was important to joint working to improve life expectancy across the Tees Valley.</p> <p>BC commented that the mortality rates in the most deprived areas were still not catching up with the more affluent areas within Tees Valley.</p> <p>Deepak Dwarakanath (DD) commented that whilst the data showed a depressing picture of deprivation there was a lot of good work going on to try to improve the outcomes for the population. DD provided an example of end of life conversations that take place locally where the patients do not expect to live into their 80s and just accept early mortality.</p> <p>CB stated there was a need to focus on building good health, how this was incorporated into the JSNA and how it was communicated into populations.</p> <p>Mike Green (MG) suggested this was a good opportunity to look at how this group worked with other communities involved in research, for example universities and whether the data contained in the JSNA was open enough for businesses and communities to use. He asked if there was a need to promote the JSNA more widely and make it more easily accessible.</p> <p>David Gallagher (DG) thanked CB for the presentation and the rich information included, advising that some of the points highlighted on the joint work slide will form the basis of the work programme for this meeting going forward.</p> <p><b>ACTION: The presentation was to be circulated to members</b></p>	<p><b>JS</b></p>
<p>TVICP/23/19</p>	<p><b>Tees Valley Plan</b></p>	
	<p>Martin Short (MS) delivered the Joint Forward Plan presentation and explained that all Integrated Care Boards and partner NHS Trusts were required to publish a Joint Forward plan covering 2023/24 – 2028/29. These were required to be reviewed, updated and publish again each year in March.</p> <p>MS provided an explanation of the overarching document and action plans, and the progress to date. Additionally, he explained that as part of the strategic context there were Tees Valley pillars along with the national NHS priorities</p>	

	<p>and place priorities and these were mapped to each place's HWB strategies, and the NENC Integrated Care Strategy:</p> <ul style="list-style-type: none"> <li>• Starting Well / Best start in life</li> <li>• Living Well</li> <li>• Ageing Well</li> </ul> <p>There were also a number of cross-cutting themes:</p> <ul style="list-style-type: none"> <li>• Reducing health inequalities</li> <li>• Prevention</li> <li>• Sustainability</li> <li>• Improving quality of services</li> </ul> <p>MS advised the draft overarching joint forward plan would be shared with stakeholders for feedback following engagement during May and June. The Integrated Care Partnership meeting on 21<sup>st</sup> June would consider the draft document before the ICB Board approved the plan for publication as a final draft. There would be further stakeholder feedback in July and August with a final update published in September.</p> <p>Following a query from CAB regarding the low targets for the living well health checks in the Integrated Care Strategy, MS confirmed that when the plan was published there would be areas specific to Tees Valley but the Integrated Care Strategy targets were for the whole of NENC ICB area.</p>	
TVICP/23/20	<b>Next Steps:</b> Forward planning and future focus	
	<p>David Gallagher (DG) summarised the meeting, noting that the first two meetings of the Tees Valley Area ICP meeting had set the scene but the key was to now agree what happened next.</p> <p>DG suggested items for future meetings, following on from the Update from JSNA Analysis Work presentation areas of the joint working could be explored, discuss at scale work with Fresh, and skills and education. The Tees Valley Plan and GP Access will be discussed at future meetings. He noted the need to ensure that the work at this meeting did not duplicate work already being undertaken by the Health and Well-being Boards.</p> <p>DG advised that Teesside University will be invited to attend these meetings and there had been discussions about whether police, fire and rescue should also be included. If there was agreement to include Cleveland Police, for example, the same invitation should be made to County</p>	

	<p>Durham Police. DG asked that members let him know of any other parties / organisations that should be invited. It was suggested that the invitation should be to higher education not just universities.</p> <p>Following a query from Mark Davis (MD) regarding the involvement of the voluntary sector DG suggested that a presentation be brought to the next meeting about what was happening in the voluntary sector, in a similar was to the presentation from Healthwatch.</p> <p><b>ACTION: Mark Davis to prepare a presentation for the next Tees Valley Area ICP meeting on 8<sup>th</sup> September</b></p>	<p><b>MD</b></p>
<p>TVICP/23/21</p>	<p><b>Any Other Business</b></p>	
	<p>The Chair noted there were no further items of business advised and thanked members for their attendance and contributions to the meeting.</p> <p>The meeting closed at 2.15pm</p>	
	<p><u>Next Meeting</u>                  Date: Friday 8<sup>th</sup> September 2023                  Time: 12-2pm                  Venue: Council Chamber, Civic Centre, Ridley Street, Redcar, TS10 1RT</p>	



04.07.23

Signed: ..... Date: .....

**Cllr Bob Cook (Chair)**