TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of Tees Valley Joint Health Scrutiny Committee was held on Friday 28 July 2023.

Present: Cllr Marc Besford (SBC) (Chair), Cllr Rachel Creevy (HBC) (Vice-Chair), Cllr Ceri Cawley (R&CBC), Cllr Christine Cooper (MC), Cllr Brian Cowie (HBC), Cllr Lynn Hall (SBC), Cllr Mary Layton (DBC), Cllr Paul McInnes (R&CBC), Cllr Vera Rider (R&CBC), Cllr Jan Ryles (MC) and Cllr Susan Scott (SBC).

Officers: Hannah Miller (DBC); Joan Stevens (HBC); Georgina Moore (MC); Sarah Connolly (R&CBC); Judy Trainer, Gary Woods (SBC)

Also in attendance: Richard Morris (County Durham and Darlington NHS Foundation Trust); Mark Cotton, Helen Ray (North East Ambulance Service NHS Foundation Trust); Craig Blair, Charlotte Bourke, Anna Williams (North East and North Cumbria Integrated Care Board); Ruth Dalton, Rowena Dean, Kevin Etherson, Phil Woolfall (North Tees and Hartlepool NHS Foundation Trust); Leigh Trimble (Red Balloons); Mike Carr, Stuart Finn, Simon Milburn (South Tees Hospitals NHS Foundation Trust); Catherine Wakeling (Starfish Health and Wellbeing); Mike Brierley, Belinda Brooks, Dominic Gardner, Chris Morton (Tees, Esk and Wear Valleys NHS Foundation Trust)

Apologies: Cllr Jonathan Brash (HBC), Cllr Neil Johnson (DBC) and Cllr Jeanette Walker (MC).

TVH/1/23 Appointment of Chair for 2023-2024

Nominations for the position of Committee Chair were put forward for Councillor Lynn Hall and for Councillor Marc Besford. Following a vote, Councillor Besford was appointed as Chair for the 2023-2024 municipal year.

AGREED that Councillor Marc Besford be appointed as Chair of the Tees Valley Joint Health Scrutiny Committee for 2023-2024.

TVH/2/23 Appointment of Vice-Chair for 2023-2024

A nomination for the position of Committee Vice-Chair was put forward for Councillor Rachel Creevy who was appointed for the 2023-2024 municipal year.

AGREED that Councillor Rachel Creevy be appointed as Vice-Chair of the Tees Valley Joint Health Scrutiny Committee for 2023-2024.

TVH/3/23 Evacuation Procedure

The evacuation procedure was noted.

TVH/4/23 Declarations of Interest

There were no interests declared.

TVH/5/23 Minutes

Consideration was given to the minutes from the Committee meeting held on 16 December 2022.

AGREED that the minutes of the Committee meeting on 16 December 2022 be approved as a correct record.

TVH/6/23 Notes of the meeting held on 17 March 2023

Consideration was given to the notes from the Committee meeting (not quorate) held on 17 March 2023.

With reference to the Update on NHS Dental Services – Tees Valley item, Members highlighted the benefits associated with the school supervised toothbrushing programme and noted the discussion around the impact of water supply fluoridation.

AGREED that the record of the Committee meeting (not quorate) on 17 March 2023 be noted for information.

TVH/7/23 Tees Valley Joint Health Scrutiny Committee - Protocol and Terms of Reference

The Committee's existing protocol (including Terms of Reference) was considered. No changes were proposed.

AGREED that the existing protocol for the Tees Valley Joint Health Scrutiny Committee continues unchanged and is circulated for information to those organisations listed in paragraphs 2-6.

TVH/8/23 Tees Valley Breast Care Services

Consideration was given to an update on the continuing developments in relation to Tees Valley Breast Care Services. Following a brief introduction by the North East and North Cumbria Integrated Care Board (NENC ICB) Director of Place-Based Delivery, the North Tees and Hartlepool NHS Foundation Trust (NTHFT) Acting Chief Operating Officer, supported by managerial and clinical colleagues from both NTHFT and South Tees Hospitals NHS Foundation Trust (STHFT), gave a presentation (circulated in advance) which focused on the following:

- Breast Services Clinical Services Strategy
- Current screening population
- Current breast screening provision
- Current breast symptomatic service provision
- Recap on work undertaken pre-pandemic
- Post-COVID recovery
- The challenges to delivery
- Current progress

During the presentation, officers emphasised the importance of understanding the difference between ‘screening’ and ‘symptomatic’ services. In terms of the Tees Valley, the screening service had a catchment population of 55,000 per annum and was provided by NTHFT via mobile vans or static sites. 50- to 70-year-olds were invited to a screening every three years and were asked to attend specific sites based upon their GP registration.

For symptomatic patients, treatment diagnostic and treatment was provided in Darlington (Memorial Hospital), Hartlepool (University Hospital) and Stockton (University Hospital of North Tees), with the latter two involving longstanding close clinical collaboration with STHFT. Required surgery following diagnosis was mostly provided at the patients’ local hospital Trust sites.

Whilst breast screening was suspended nationally from June 2020 due to the emergence of COVID-19, the Tees Valley offer was the first in the North East to recommence its services (in July 2021), and the second to fully recover the backlog. Current waiting lists were now at pre-COVID levels.

As with many areas of health and care, workforce challenges within breast services remained prominent, and there had been a reliance on retire-and-return Consultant Radiologists. Consultant Radiographer practitioners were in place and there were a number of trainee practitioners continuing their qualification journey, but this ultimately takes time (five years training) before it can assist in relieving pressure on services. The current radiology workforce gap was outlined, as were the estate / equipment needs to provide one-stop provision at some spoke sites.

Several strands demonstrating progress in the development of services were outlined, including the introduction of a breast pain pathway which reduced reliance on the radiology workforce and could be delivered at pace without additional specialist equipment (anticipated 15% of future referrals could follow this pathway). The direction of travel through training is for future Consultant Breast Surgeons to no longer take part in emergency surgery on-call rota and thereby increase capacity for breast surgery. The commencement of planning for the procurement of a mammography machine for the James Cook University Hospital to support the re-introduction of surveillance mammograms on this site, as well as improved access for patients who can be offered immediate breast reconstruction free-flap surgery (specialist procedures undertaken at a tertiary site), was also noted.

The Committee queried how many men were invited to the screening service as breast cancer was known to affect males as well as females. Clinical representatives present stated that breast cancer was around 100 times less common in men than women, and that a screening programme for males could not be justified due to these very low rates. However, assurance was given that men could be referred into the symptomatic service and would be treated in the same way as women were.

Referencing delays in diagnosis as a result of the COVID-19 pandemic, the Committee asked if this had had an impact on the severity of cases being seen within breast services. Officers felt that more time would be required to understand the effect of the pandemic as evidence would be determined to a large extent by survival times across a longer period (e.g. 5 years, 10 years, etc.). It was, however, acknowledged that services did have to prioritise during this period and that some individuals were put on medication to slow disease.

In relation to the stated workforce gaps, Members questioned if there was anything more that could be done / considered to help with staffing resources, and were informed that a business case had recently been approved to boost recruitment (including from overseas).

AGREED that the Tees Valley Breast Care Services update be noted.

TVH/9/23 Tees Valley Community Diagnostic Centres

The Committee received an update on the continuing developments in relation to Community Diagnostic Centres (CDCs) across the Tees Valley footprint. Introduced by the Tees Valley Community Diagnostics Programme Director and supported by senior clinical and operational leads / directors from County Durham and Darlington NHS Foundation Trust (CDDFT), NTHFT and STHFT, a presentation (circulated in advance) was given which focused on the following:

- Background
- What are they (CDCs)?
- Diagnostic centre locations
- Key facts and figures
- Engagement and involvement

A key driver behind the development of CDCs was the independent review of NHS diagnostics capacity undertaken by Professor Sir Mike Richards CBE. The final report included 24 recommendations which included a focus on capacity (equipment, staff) and the splitting of acute and diagnostic services (which can assist with improving the patient experience).

Whilst not solely about radiology, diagnostics enabled increased identification of cancers and other serious health conditions at an earlier stage. Pressure on most diagnostic services was already growing prior to the COVID-19 pandemic (e.g. demand for CT scanning was currently growing at around 7% per annum) – waiting times had therefore inevitably risen.

The Tees Valley CDC sites were outlined, with the intended CDC 'hub' within Stockton-on-Tees currently being developed on the former Castlegate shopping centre (a temporary mini-hub was operating from Lawson Street in Stockton). South Tees 'spoke' sites existed (and were continuing to be developed) in Redcar and at the Friarage Hospital, Northallerton, with the North Tees 'spoke' offer nearing full capacity within Hartlepool. In terms of the CDDFT footprint, the ongoing service at Bishop Auckland had operated well (made easier due to the adaptation of an existing building) and was working alongside other Tees Valley sites in what was a real step-change to partnership-working across the region – a five-year plan was in place which differentiated between acute and diagnostic activity, with the Trust working to ensure an educational programme around access and utilisation of these services.

Officers spoke of the opportunity to put diagnostics on the footing it should have been on years ago, with ongoing developments seeking to deliver an additional 150,000 diagnostic tests annually across the Tees Valley from 2024-2025 (with further growth planned based on demand). However, it was emphasised that CDCs would operate on a 'referral only' basis (from primary and secondary care services), and that the public would need to be clear what the new Stockton 'hub' was and how it worked – it was not a drop-in centre, nor a hospital, but should instead be viewed as an additional

imaging facility. In that regard, referral processes would continue into each service as they did now, therefore the service would manage where these referrals were seen based on capacity at the time of booking patients in.

Further detail around the construction and resourcing of the Tees Valley CDC sites was provided, and it was stated that the aim was for the new ‘hub’ in Stockton to be open by mid-2024 (earlier than the original estimate of April 2025). CDDFT had replaced all of its diagnostic equipment as a result of the funding for the CDC programme and COVID-related financing.

In terms of public engagement around the CDCs, officers welcomed the input of the Committee as to the best way to communicate the Tees Valley offer. Some engagement had already taken place with GPs (though it was acknowledged that this needed to go further as GPs had a critical role in educating patients on available options), and the ICB would also be an important partner in raising awareness of diagnostic capacity. Crucially, there was a need to ensure services were accessible, with considerations around transport routes / options and parking capabilities central to this. It was also hoped that the enhanced facilities would help attract new professionals to the area.

Reflecting on the content of the presentation, the Committee welcomed the significant developments around diagnostics across the Tees Valley (particularly the focus on health in the community), and commended NHS Trusts for working collaboratively to ensure the best possible offer. Clarity was then sought around the exact services which would be available within the Stockton ‘hub’ site – Members were informed that there would be a small number of consulting rooms in addition to the diagnostic capacity, but that the exact disciplines were yet to be determined (clinical colleagues would be approached for a view on how best to use these spaces).

Regarding diagnostic equipment, the Committee asked whether maintenance was outsourced or conducted in-house. Members heard that this was mainly done by the companies who supplied the equipment, though, outside this, medical departments also had a role to ensure these operated effectively. CDDFT had a contract with Philips which automatically replaced equipment every 7-9 years, and had access to an external technician.

Discussion ensued around the key issue of accessibility, including the importance of Local Authorities working with NHS Trusts to facilitate adequate parking options, and the challenges associated with reduced bus provision. Members were assured that liaison with Councils over parking capacity had already been undertaken in order to maximise opportunities for patients to attend sites, and that the expansion of Patient Transport Services (PTS) was also being considered.

Continuing this theme, the Committee noted that there were some communities in Redcar and Cleveland which were not covered by PTS. Officers emphasised that it was pointless spending money on buildings / diagnostic equipment and then not enabling people to access them, and stated that any Member support in terms of linking-in with transport providers (e.g. Arriva) would be welcome.

Returning to the key issue of communications, the Committee asked if there was any specific funding earmarked for this critical element and heard that, whilst there was no formal budget, the collaborative nature of the CDC project meant that organisations were looking to pool their resources anyway. There was a big national agenda around

diagnostics (and health inequalities) at present, and work had already been undertaken with regional media partners to make it clear what CDCs were and dispel any myths. Members cautioned against the use of the word ‘hub’ which, to some, may imply a drop-in feature – officers responded that this would be considered as part of future public engagement around the CDC offer (it was noted that the term ‘hub’ was used in order to allocate funding) and that a further update on CDC developments could be provided to the Committee at a future meeting if desired.

AGREED that the Tees Valley Community Diagnostic Centres update be noted.

TVH/10/23 North East Ambulance Service NHS Foundation Trust - CQC Inspections / Independent Review

Senior representatives of the North East Ambulance Service NHS Foundation Trust (NEAS) were invited to provide the Committee with a response to recent Care Quality Commission (CQC) inspections of its services, as well as the findings of an independent review of the Trust. Led by the NEAS Chief Executive Officer and supported by the NEAS Assistant Director – Communications and Engagement, a presentation (circulated in advance) was given which drew attention to the following:

- Latest CQC Position
- Improvement Plan Overview
- Workstream Actions Progress
- Progress on Medicines Management
- Progress on Incident Reporting
- Progress on Governance
- Progress on Culture
- Response Time Benchmark Performance (June 2023)
- Draft June 2023 Position
- Independent Review – NEAS Assurance Statement

It was stressed from the outset that NEAS had worked hard with the CQC to fully understand the concerns raised following the regulator’s inspection of the Trust in July and September 2022 (published in February 2023). The CQC had subsequently re-visited the Trust and the individual grading for its Emergency and Urgent Care (EUC) services had since improved from ‘inadequate’ to ‘requires improvement’ (with the Section 29A warning notice lifted).

As part of the Trust’s ongoing improvement plan, it was stated that two full cycles of audit over a timeframe of a year would be needed before there was sufficient confidence that actions undertaken as a result of the CQCs findings had become embedded into practice, and that independent auditing would be used to determine this. It was acknowledged that organisational culture can take time to change and even longer to embed.

Progress against the four identified workstream actions was detailed. Specific reference was made to developments around ‘medicines management’ and the ability for paramedics to collect required drugs from a location other than their base station, as well as the strengthening of ‘incident reporting’ which included the intended introduction of a new patient safety incident review framework by the end of 2023-2024 (NEAS being the first ambulance Trust to roll this out). In terms of ‘culture’, progress around this would be monitored through staff surveys.

Despite the challenges identified by the CQC, comparative data indicated that, for June 2023, NEAS was the best performing ambulance Trust in the country in relation to category 1 (an immediate response to a life-threatening condition, such as cardiac or respiratory arrest) response times, an achievement which led to positive clinical outcomes for patients. NEAS was working towards being the best for category 2 (a serious condition, such as stroke or chest pain, which may require rapid assessment and / or urgent transport) response times too, though this continued to be a struggle, with all Trusts above the national target (some others significantly so).

A brief background to events which culminated in a NHS England-commissioned independent review into patient safety concerns and governance processes related to NEAS was given. Following issues raised by a whistle-blower back in 2018 regarding coronial processes, the Trust commissioned a review which culminated in significant change – however, despite the regulators being satisfied with these developments, the Trust was unable to agree with the whistle-blower that enough had been done. NEAS acknowledged that it did not do the right thing by the families in question and had since publicly apologised.

Most of the recommendations emerging from the independent review were already being addressed (or had been completed) by NEAS prior to the publication of the report in July 2023. There were some additional areas of focus identified, though, including the medical examiners model, the constitution of a committee (to be independently chaired) to allow families to see changes made (the Trust welcomed this and would be in contact with families in the future), and enhanced Board processes to ensure learning had been achieved.

The Committee drew attention to cases where independent services were being brought in to enhance the existing NEAS offer and queried whether Trust leaders had sufficient oversight of this. In response, Members were informed that the only external / consultancy support being used was in relation to the 'governance' workstream and that this was on a short-term basis.

Continuing with the theme of governance, the Committee sought further details on the NEAS executive management team buddying programme with directors from Northumbria Healthcare NHS Foundation Trust. Officers confirmed that support was being received for the benefit of the whole Trust, and that Northumbria had an excellent internal management programme which NEAS had been offered places on. Critically, this arrangement provided challenge to the executive.

With reference to the independent review outcomes, the Committee asked if progress on implementation of the recommendations would go back to the report author, Dame Marianne Griffiths DBE. Officers stated that ultimate responsibility sat with NHS England who commissioned the review, though a monthly quality improvement group that was co-chaired by NHS England and the North East and North Cumbria Integrated Care Board (NENC ICB) provided scrutiny of the Trust's response to the recommendations.

AGREED that the North East Ambulance Service NHS Foundation Trust update regarding recent CQC inspection / independent review outcomes be noted.

TVH/11/23 Tees, Esk and Wear Valleys NHS Foundation Trust - Lived Experience Directors

The Committee received a Lived Experience and Co-creation presentation (circulated in advance) from representatives of Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), which included an update on the work and impact of the Trust's Lived Experience Directors. Introduced by the TEWV Assistant Chief Executive, and supported by colleagues including the TEWV Lived Experience Director for Durham, Tees Valley and Forensics, content highlighted:

- TEWV Journey to Change – Progress
- The role of our Lived Experience Directors
- Durham, Tees Valley and Forensic Co-creation Board – Terms of Reference
- Co-creation Board – Overview / Early Action Areas
- Lived Experience Forums – Aims / Journey So Far / Future Plans

From the beginning, it was emphasised that a lived experience and co-creation focus was at the heart of everything which TEWV was doing, and that this approach was a crucial feature of the strategic and cultural shift within the Trust which began a couple of years ago (indeed, co-creation was one of the five key pillars identified).

Reflecting on a poor personal experience of past care and a subsequent desire to help others have more positive involvement with health services, the TEWV Lived Experience Director for Durham, Tees Valley and Forensics gave a brief outline of the role, a vital element of which was to check and challenge ongoing provision to ensure the patient voice was heard. Driving forward what patients / carers wanted to see was fundamental, though it was important to acknowledge that TEWV were just one member of the overarching mental health offer, and that partnerships with other relevant organisations (e.g. Rollercoaster, Pioneering Care, etc.) were also significant.

A critical aspect of the Co-creation Board was around the concept of how people can challenge and speak to 'power' – to this end, membership included service-users, patients and carers, as well as TEWV staff. A host of aims and objectives were outlined, central to which was the creation of safe, informal creative spaces where people were equal, could speak openly and honestly, and could challenge the status quo.

Aided by representatives of two voluntary, community and social enterprise (VCSE) organisations, Red Balloons and Starfish Health and Wellbeing, an overview was given of Lived Experience Forums – collaborative platforms for using people's experience and knowledge to help services be the best they could be. With the intention of being independent from such services, seeking and enabling input from a wider cohort of voices also fed into the community transformation agenda.

Already established in Stockton and Hartlepool, work to ensure Forums were operational across the whole Tees Valley footprint continued. In addition, the recent Lived Experience Conference which took place in June 2023 was highlighted – a collaborative event which celebrated numerous Tees Valley organisations and used lived experience to inform future service delivery. From a TEWV perspective, listening and acting upon the work of the Forums represented an approach which went beyond the usual meaning of 'engagement' and was being adopted across all levels of the Trust.

The Committee was highly encouraged to hear of the work of the Lived Experience Forums and asked a number of questions around their composition and meetings. In response, Members were informed that anyone 16+ can attend and that for those who

cannot physically be present, other mechanisms (emails, surveys, etc.) were used to connect individuals. There was also a dedicated lead for the younger Forum cohort as it was recognised that the usual adult model of connecting may not always be appropriate.

The value and importance of the Forums being independent from services was emphasised by the Committee who also queried where people were being referred from. Members heard that Red Balloons and Starfish Health and Wellbeing were linked-in with Catalyst (as the conduit for the wider VCSE sector), Stockton-on-Tees Borough Council (via an employee with lived experience) and TEWV (utilising a mailing list of around 200 individuals which information was relayed to) – a video had also been produced to highlight the Forums and invite input / attendance. TEWV officers noted that its Lived Experience Director was trying to be an enabler for the charities' endeavours and that the Trust wanted them to be involved in some programmed TEWV work too. The importance of connecting voices to wider mental health provision (not just TEWV) was emphasised, possibly via the new Tees Valley Integrated Care Partnership (ICP) 'place-based' group.

Involvement from Healthwatch into each of the Forums was noted, and it was stated that should any individuals wish to lodge an official complaint to a service, Healthwatch was there to support / signpost. TEWV officers added that the Trust had partnered with Healthwatch for its community transformation work as it attempted to seek views from those who did not already access its offer.

Highlighting a case of a retired older person struggling to get mental health support, the Committee probed whether older adults were getting appropriate access to services and were having their voices heard. In response, it was confirmed that there was no upper age limit for involvement in the Forums and that older adult support was certainly available depending on an individual's circumstances. Members were encouraged to relay relevant details of any specific cases which could be followed-up outside of this meeting.

Finally, the Committee commended the Lived Experience Conference initiative and welcomed any feedback which could be provided on this annual event. It was stated that Members were very much welcome to future conferences, particularly those with lived experience themselves.

AGREED that the Tees, Esk and Wear Valleys NHS Foundation Trust update on Lived Experience and Co-creation be noted.

TVH/12/23 Work Programme 2023-2024

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

An accompanying report drew attention to both standing items and other topics which had been on the Committee's radar for some time under the 'to be scheduled' section. Meeting dates for the remainder of the municipal year had been identified and included for agreement, and a suggested outline of potential items for these meetings was proposed.

Highlighting the dentistry update that the Committee received at the last meeting in March 2023, and given the ongoing high-profile attention surrounding these services,

Members felt this should again feature on the work programme at some point during the municipal year.

Discussion ensued around the possibility of holding hybrid Committee meetings which facilitated simultaneous in-person and remote attendance. It was noted that guidance on the hosting of meetings following the relaxation of COVID-19 social distancing measures in 2021 had been interpreted in differing ways by Councils, but that this Committee had returned to in-person formal meetings for some time now. Members subsequently expressed their preference for scrutinising organisations via a face-to-face approach, and felt that officers should be requested to physically attend as Members themselves are required to do.

AGREED that the Committee’s work programme for 2023-2024 be noted and the proposed meeting dates for the remainder of the municipal year be approved.