



Confirmed MINUTES

Tees Valley Area Integrated Care Partnership (ICP) Meeting

Meeting held on: 2nd February 2024, 12pm – 2pm

Held at: Pease Suite, Dolphin Centre, Darlington, DL1 5RP

Item No:	Meeting Notes	Action
TVICP/23/47	Welcome and Introductions	
	<p>Councillor Cook, as Chair, welcomed colleagues to the fourth Tees Valley Area Integrated Care Partnership (ICP) Meeting.</p> <p>Present:</p> <ul style="list-style-type: none"> • Councillor Bob Cook (Chair) – Health and Well-being Board Chair & Leader of Stockton Borough Council • David Gallagher – Executive Area Director (South), NENC ICB • Craig Blair - ICB Director of Place, Middlesbrough / Redcar & Cleveland, NENC ICB • Jean Golightly - Director of Nursing (South), NENC ICB • Jon Carling – Voluntary Sector Lead / 3rd Sector, Catalyst Stockton • Josh Harbron – Assistant Director of Adult Social Care, Darlington Council (<i>attending for James Stroyan</i>) • Michelle Stamp – Consultant in Public Health, South Tees Hospital FT, and Public Health South Tees (<i>attending on behalf of Mark Adams</i>) • Martin Short (MS) - ICB Director of Place (Darlington), NENC ICB • Rebecca Morgan (RM) – Project Development Manager / Healthwatch Sub-Regional Co-ordinator, Healthwatch • Professor Derek Bell – Chair, North Tees & Hartlepool NHS Foundation Trust / South Tees Hospitals NHS FT 	

	<ul style="list-style-type: none"> • Jane Smith – Service Lead Strategy Quality & Improvement – Children’s Service, Stockton Borough Council • Alex Sinclair – ICB Director of Place (Stockton), NENC ICB • Dr Helen McLeish – PCN Clinical Director, Darlington PCN • Dr Jackie McKenzie - PCN/CD Representative, Hartlepool PCN • Sandra Britten – Chief Executive (Operational) Alice House Hospice • Stacey Hunter – Group Chief Executive Officer (Joint North and South Tees), North Tees & Hartlepool NHS Foundation Trust & South Tees Hospital Foundation Trust • Brent Kilmurray – Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust • Councillor Mary Layton – Darlington Borough Council • Ken Ross – Public Health Principal, Darlington Borough Council • Craig Blundred – Director of Public Health, Hartlepool Borough Council • Mark Adams – Director of Public Health, Middlesbrough Council / Redcar & Cleveland Council • Sarah Bowman-Abouna – Director of Public Health, Stockton Council • Anne Richards – Partnership Officer, RCVDA • Lisa Oldroyd – Chief Executive & Monitoring Officer, Office of the Police and Crime Commissioner for Cleveland • Dr Catherine Monaghan – Medical Director, NENC ICB • Seth Pearson • Dr Teik Goh <p><u>In Attendance:</u></p> <ul style="list-style-type: none"> • Kathryn Warnock - South Tees Integration Programme Manager / Head of Commissioning & Strategy, NENC ICB • Cath Martin - South Tees Strategic System Lead - Transfer of Care, South Tees Hospital Foundation Trust • Rebecca Herron – Governance Lead, NENC ICB • Lynne Pearson (Note Taker) – Corporate Secretary, NENC ICB • Claire Attey – Corporate Secretary, NENC ICB 	
TVICP/23/48	Apologies for Absence	
	<ul style="list-style-type: none"> • Dr Bharat Kandikonda - PCN/CD Representative – 	

	<p>Middlesbrough PCN</p> <ul style="list-style-type: none">• Clive Heaphy – Interim Chief Executive, Middlesbrough Council• Cllr Matthew Roche – Councillor, Darlington Borough Council (<i>Councillor Mary Layton attended</i>)• Mayor Chris Cooke – Joint HWBB Chair Live Well South Tees Board – Middlesbrough Council• Denise McGuckin – Managing Director of Hartlepool Borough Council• Elaine Redding – Director of Childrens Services, Stockton Borough Council• Dr Dharendra Garg – Stockton PCN Representative• Helen Ray – Chief Executive, North East Ambulance Service• James Stroyan – Director of People (Children & Adult), Darlington Council• Ian Williams – Chief Executive, Darlington Council• Jill Harrison - Director of Adult & Community Based Services, Hartlepool Borough Council• Julian Penton - Voluntary Sector Lead/3rd Sector, Hartlepower (Hartlepool)• Lynne Walton – Director of Finance (South), NENC ICB• Mike Greene – Chief Executive – Stockton Borough Council• Miriam Davidson – Interim Director of Public Health, Darlington Borough Council (<i>Ken Ross attended</i>)• Peter Neal – Voluntary Sector Lead, Redcar & Cleveland Voluntary Development Agency (RCVDA)• Sue Jacques – Chief Executive, County Durham and Darlington NHS FT• Dr Teik Goh - PCN/CD Representative, Redcar and Cleveland PCN• Kathryn Boulton, Director of Children's Services, Redcar & Cleveland Council• Kerry McQuade – Director of Strategy Planning and Transformation, North East Ambulance Service• Chris Zarraga – Director, Schools North East• Paul Smithurst – Regional Fundraising Manager, SSAFA• John Sampson – Managing Director and Chief Executive – Redcar and Cleveland Council• Councillor Shane Moore – Middlesbrough Council• Erik Scollay (ES) – Director of Adult Services, Middlesbrough Council• Patrick Rice – Director of Adults and Communities, Redcar & Cleveland Council• Carolyn Nice – Director of Adult Services, Stockton Council	
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TVICP/23/49	Declarations of Interest	
	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/23/50	Minutes from previous meeting held 24th November 2023	
	The minutes of the meeting, held 24 th November 2023, had previously been circulated to members for comment. There were no amendments requested and therefore the minutes were AGREED as an accurate record. Confirmed minutes have also been shared with Health and Wellbeing Boards for information.	
TVICP/23/51	Matters Arising & Action Log	
	<p>Action Log</p> <p><u>TVICP/23/32 – Items for Future Meetings:</u> Martin Short (MS) advised that the development of the work programme for the Tees Valley Area ICP meeting was on the agenda for discussion at this meeting.</p> <p><u>TVICP/23/34 – Overview of SSAFA, the Armed Forces Charity:</u> RH advised that the action log had been updated to outline the information received from Paul Smithurst (PS) regarding the 13 'medical' queries received by the North East SSAFA (Armed Forces Charity). She advised that colleagues could obtain further information from PS if required.</p> <p>Matters Arising There were no matters arising to note.</p>	
TVICP/23/52	Healthwatch Update	
	<p>The report had been circulated to members prior to the meeting.</p> <p>Rebecca Morgan (RM) provided the key highlights of the Healthwatch Quarterly report, including the work of Healthwatch organisations in Darlington, Hartlepool, Stockton, and South Tees.</p> <p>Common themes and areas of work noted were:</p> <p>'Growing Older / Planning Ahead' project, which involved working with adults living with Learning Disabilities to understand any gaps in support and services, and to make</p>	

recommendations for future commissioning. The data for this project is currently in the process of being collated to provide both a local and Tees Valley-wide profile. RM confirmed that this information should be ready to be shared at the next Tees Valley Area ICP meeting.

It was noted that a review of the ICB's Involvement Strategy has been undertaken. Healthwatch Darlington have coordinated this project, which included focus groups and engagement in a range of areas across the Tees Valley and the wider NENC region. In addition, it was noted that alongside general population engagement, Healthwatch were holding a series of workshops to include representation of the voices from communities including LGBTQ+ and BAME. RM highlighted that this was a very positive piece of work.

The significance of Healthwatch's dentistry review was also highlighted. RM advised that there were three key elements which would be provided by Healthwatch to ensure support to the ICB's engagement and review of people's experience of dentistry across the NENC region:

- Service user experience;
- Reviewing variance of information and messaging;
- General population survey – experiences and perceptions of NHS dentistry from those who have utilised this within the past year.

RM outlined the regional and national issues currently being monitored by Healthwatch, including GP access, women's health, migrant health (within established migrant communities) and Mental Health access.

It was highlighted that Healthwatch South Tees were currently promoting the STAR Awards 2024, which honours health and social care champions.

RM advised that Healthwatch South Tees had received a query in relation to the Shingles vaccine roll-out, from a patient who had met the eligibility criteria but was unable to find a practice who could provide the vaccination. Craig Blair (CB) assured the group that this could be discussed further outside of the meeting; and highlighted the importance of ensuring that patients were signposted correctly. He noted that there were complexities in relation to the roll-out and access to the vaccine, with discussions continuing at Scrutiny Committee. CB advised that he would contact Lisa Bosomworth (LB) to discuss further. Councillor Bob Cook (BC) highlighted that these discussions had also taken place at the Health and Wellbeing Board.

	<p>ACTION: David Gallagher (DG) requested CB circulate the Shingles vaccine guidance to colleagues to ensure that they had sight of this.</p> <p>ACTION: CB confirmed that he and LB would work on identifying the correct route for this individual to access the vaccination.</p> <p><i>RM left the meeting – 12.11pm</i></p>	<p>DG</p> <p>CB</p>
TVICP/23/53	Dentistry & Oral Health Update	
	<p>DG provided a presentation and overview of Primary Care dental access recovery; and the development of an oral health strategy in the North East and North Cumbria. He also highlighted the support and input provided by Healthwatch towards identifying the current challenges with dentistry access and the potential solutions.</p> <p>The presentation included information on the following:</p> <ul style="list-style-type: none"> • Current challenges for dentistry provision and how these would be tackled. • The progress made so far in terms of recovering dental access. • The importance of building Practice / workforce resilience, • Impact on children's oral health • Ways of improving oral health; and the role of Local Authorities in achieving this. • Importance of water fluoridation as an effective public health intervention for improving oral health. • How a consensus could be built across the North East and North Cumbria. <p>DG highlighted that the current challenges were attributable to the NHS dental contract remaining unchanged since 2006; and the impact of the Covid-19 pandemic and the risks of transmission. He advised that it was anticipated that the dental contract will be reviewed in light of the current dentistry provision and access issues.</p> <p>It was noted that the North East and North Cumbria was not an outlier in terms of dentistry provision but must still strive to make improvements. The ICB has responsibility for the commissioning of all Primary Care services, including dentistry. DG advised that the Primary Care Team were therefore working hard to address the challenges around dentistry access and provision.</p> <p>In terms of improving oral health, DG explained that all Tees Valley Local Authority organisations – and the associated Health & Wellbeing Boards – were responsible for their oral</p>	

health strategy. DG highlighted the evidence-based interventions to improve oral health, including fluoride varnish application and water fluoridation.

DG explained that the Government was aiming to expand water fluoridation to areas across the North East, to reach an additional 1.6M people. It was noted that a public consultation had been due to begin in early 2024 but was still awaiting release. It was noted that parts of the North East, such as Hartlepool, already had water fluoridation in place, and this area performed better in terms of population oral health.

DG advised that any consultations that would take place, via Local Authorities, would provide the public with the opportunity to respond to the proposal to implement a fluoridated water system in areas of the North East that did not currently have this in place. It was noted that Northumbria Water had indicated that they would be able to implement this relatively quickly; and funding would be provided at national government level, rather than local. It was highlighted that there was a need for a consensus across the North East system, and an awareness from system partners of the importance of supporting this, if possible.

Brent Kilmurray (BK) advised that it would be helpful for potential contracting models to have a focus on vulnerable patient cohorts, to ensure that those most in need would be given priority. DG acknowledged the importance of this consideration; and advised that work would need to be undertaken with system partners, such as TEWVFT, to achieve this.

A query was raised in relation to the retention of dentists; particularly the potential lack of professional development for NHS dentists and how to mitigate this. It was suggested that linking in with Teesside University and Newcastle University could help to increase career development and skill diversity. DG advised that discussions were currently taking place with Teesside University. He also highlighted the importance of NHS dentists focusing on addressing the current needs, such as access and prevention of tooth decay.

Professor Derek Bell (DB) suggested a collective review of tooth decay prevention, including preventative measures such as the removal of carbonated drinks in schools and hospitals. DG noted that this would facilitate collaborative working; and also incorporate the broader health improvement agenda, as there was currently ongoing regional work on this taking place via the DPH network.

	<p>Craig Blundred (CBI) highlighted that it would be key to consider and review the policies for all system partners; and this area of work would provide significant opportunities to work collectively.</p> <p>John Carling (JC) advised that it was positive to hear of the investment being made towards addressing this issue, but noted it was disappointing that this was non-recurrent funding. DG explained that the funding was non-recurrent for 2023/24, but it was hoped that the funding would be ring-fenced in future years.</p> <p>JC highlighted that Catalyst Stockton would welcome involvement in the messaging to communities regarding fluoridation.</p> <p>DG confirmed that there was a heatmap in place to help the targeting of the strategy to the areas of greatest need.</p>	
TVICP/23/54	South Tees Integrated Working	
	<p>Kathryn Warnock (KW) and Carol Martin (CM) provided a presentation and overview of South Tees system working across health and social care.</p> <p>The presentation included information on the following:</p> <ul style="list-style-type: none"> • The joint working of the South Tees Integration Programme Board, noting its vision to maximise healthy life expectancy and independent living in the South Tees community, by establishing innovative and integrated health and social care services which promote prevention. • The agreed principles for senior leadership and collaborative working across hospital Trusts and Local Authority organisations. • The establishment of the Better Care Fund (BCF), including joint work programme, governance, plans, services and schemes. This includes the establishment of the iSPA. • The work undertaken to improve the transfer of care and discharge for patients. • The implementation of the Improving Transfers of Care and Discharge process, which was implemented following the identification of South Tees as an outlier for DTOC. <p>Stacey Hunter (SH) noted that this was positive to note; and highlighted the importance of ensuring that this was available at a systemic level so that all patients received this. CM advised that discussions were ongoing to understand how this could be implemented in the most</p>	

	<p>effective way, in addition to the funding considerations. She explained that additional investment had been put into reablement and discharge services.</p> <p>KW highlighted the importance of wider integration and proactively bringing the appropriate colleagues together for risk stratification. She noted that the focus on transfers of care should continue, with the community element to facilitate bringing system partners together.</p> <p>CB explained that the South Tees system had been at crisis point before the implementation of the transfer of care process. He advised that, now there was a joined-up system approach to supporting patients discharged from hospital, the focus should be on prevention and achieving a reduction in bed base pressures.</p> <p>Jean Golightly (JG) welcomed the clarity of the presentation in setting out the improvements made. She advised that consideration should subsequently be given to how patient experience would be captured. She reiterated that the pressure on the system prior to the implementation of this process was significant; and had resulted in huge improvements. CM agreed that capturing patient experience was important; and confirmed that a meeting had taken place with Healthwatch to progress this.</p> <p>CM advised that support to carers was also being considered; and JG acknowledged the importance support and communications with carers.</p> <p>DG thanked CM and KW for their hard work and leadership around the transfers of care process. He highlighted that there was significant learning and best practice to be taken forward in terms of addressing other system challenges.</p> <p>DB highlighted the importance of utilising the data to guide what the next steps would be, particularly in terms of how to add value to patient experience and maintain their independence.</p> <p>Mary Latham (ML) highlighted the importance of communication with patients and families / carers, as they were often unaware of how to access the services available to them upon discharge from hospital.</p>	
TVICP/23/55	Tees Valley Anchor Network	
	The report had been circulated to members prior to the meeting.	

Mark Adams (MA) presented and provided an overview of the Tees Valley Anchor Network. The report outlined the following information:

- The definition of an anchor institution as being large, public-sector organisations that were unlikely to relocate, and have a significant stake in a geographical area.
- The mapping exercise undertaken to identify the baseline 'anchor' activity within NTHFT and STHFT, following the completion of a questionnaire by both Trusts.
- The proposal that, as there were several anchor institutions across the Tees Valley, this could collectively create a Tees Valley Anchor Network for the local system.

MA explained that the purpose of the anchor network would be to bring together anchor organisations across the Tees Valley to maximise their impact in enabling sustainable, prosperous, and healthy communities. He highlighted that anchor networks were based around prevention, and the retention of wealth within communities wherever possible.

The specific challenges across the Tees Valley which could be tackled by the anchor network were outlined. This included employment issues (particularly in relation to zero hours contracts), building utilisation and contracting.

BC explained that Stockton was also aiming to implement a similar approach, as per the Social Value Act (2012), via work with procurement partners. He suggested that a Tees-wide body, as a social value entity, would be advantageous for all local organisations; and would ensure that procurement-spending would be used for local areas.

SH confirmed that she would support the implementation of a Tees Valley anchor network, as this would provide an opportunity to change the experiences of the local populations for the better.

JC queried how an anchor institution would link into the voluntary and community sector; and whether there would be membership available for these organisations. MA explained that this sector would have an important role to play within the anchor institution, particularly in terms of ensuring more inclusive employment.

BK advised that a terms of reference would be required to ensure that the anchor institution could hold itself to account.

	<p>Dr Teik Goh (TG) queried how an anchor network would ensure longevity and implement outcomes that would have a lasting impact. He suggested that linking in with schools and employment colleagues would help to achieve this. MA advised that an increased spend and metrics towards inclusive employment, particularly for BAME communities, should result in a diversity of employment population within sectors where there was currently a lack of representation. BC highlighted the importance of recruiting younger people into local government careers.</p> <p>DG advised that, if there was a full commitment to this approach, there would need to be an establishment of the next steps and clarity around the actions and implementation requirements. The Tees Valley Area ICP discussed this at length; and agreed that this should be brought back to the next meeting – following the establishment of the metrics.</p> <p>ACTION: Tees Valley Anchor Institution to be brought back to the next TV Area ICP meeting for further discussion.</p> <p>As per the recommendation of the report, it was also agreed that a task and finish working group would be initiated to support the development of an anchor institutions network for Tees Valley, as per the recommendation of the report. MA advised that the leads from each of the Tees Valley Area ICP organisations would be contacted to confirm/nominate the lead. DG emphasised the importance of ensuring that all system partners within the Area ICP were involved in this.</p> <p>ACTION: MA to contact the lead for each organisation within the TV Area ICP, to confirm the lead for anchor institution lead for each organisation.</p>	<p>RH</p> <p>MA</p>
<p>TVICP/23/56</p>	<p>Tees Valley ICP Workplan Proposal</p>	
	<p>The report had been circulated to members prior to the meeting.</p> <p>Sarah Bowman-Abouna (SBA) and Martin Short (MS) presented an update on the workplan for the Directors of Public Health; proposed some key areas of collective work for the Tees Valley ICP. It was noted that there was now an ask for these meetings to address some of the challenges identified for the Tees Valley.</p> <p>SBA highlighted the importance of establishing a clear action plan, outcomes, and timescales for delivery, which linked back to a refresh of the ICP Tees Valley places plan and local Health and Wellbeing Strategies in order to reduce any duplication and to ensure impact can be monitored. She advised that it was proposed that the</p>	

	<p>following four themes could be focused on four socio-economic determinants, as follows:</p> <ul style="list-style-type: none"> • Transport • Work and health • Care and health workforce • Anchor institutions; which would link into the previous anchor institutions network discussions. <p>It was proposed that the Tees Valley Area ICP meeting could be utilised as way of holding themed workshops to facilitate discussions around these areas. The Tees Valley Area ICP discussed the proposals in relation to work areas for the Tees Valley ICP work programme. The importance of establishing concrete outputs from these meetings was highlighted. The group agreed that a workshop format for future meetings would be welcomed; and it was suggested that the anchor institutions network could be topic for one of the workshops.</p> <p>ACTION: Following agreement from BC and DG, it was agreed that workshop sessions should be incorporated into the Tees Valley Area ICP meetings going forward.</p>	RH
TVICP/23/57	Suggested Items for Next Meeting	
	<p>DG advised that the intention of this item was to ensure that the group considered how to move forward with meaningful discussions and avoid any duplication of work. He suggested a programme that would require colleagues to report back on any areas of work they had been tasked with. BC advised that colleagues that any additional items suggested for the next meeting should be sent to DG.</p>	
TVICP/23/58	Any Other Business	
	<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><i>The meeting closed at 2.02pm</i></p>	
	<p><u>Next Meeting</u> Date: Friday, 7th June 2024 Time: 12-2pm Venue: TBC</p>	

Signed:



Date: 23.04.24

Cllr Bob Cook (Chair)

Confirmed