

# **Tees Valley Joint Health Scrutiny Committee**

## **MINUTES AND DECISION RECORD**

19 September 2024

The meeting commenced at 10.05 am in the Civic Centre, Hartlepool.

### **Present:**

#### **Responsible Authority Members:**

Darlington Borough Council - Cllr Holyroyd, Cllr Layton  
Hartlepool Borough Council - Cllr Boddy, Cllr Roy  
Middlesbrough Council - Cllr Morrish  
Redcar and Cleveland Borough Council – Cllr Cawley, Cllr Crane (substitute for Cllr Curr), Cllr Kay  
Stockton Borough Council - Cllr Hall, Cllr Besford

### **Also Present:**

Sarah Paxton - Head of communications, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)  
Jamie Todd - Director of Operations & Transformation, TEWV  
Naomi Lonergan - Interim Managing Director, TEWV  
John Savage - TEWV  
Kim Lawson, Strategic Head of Commissioning (Tees Valley), North East and North Cumbria Integrated Care Board (NENC ICB)  
Ann Bridges - Executive Director of Corporate Affairs and Involvement, TEWV  
John Stamp - Associate Director of Partnerships and Strategy, TEWV  
Julian Penton – VCSE partner, Hartlepower Community Trust  
Michael Houghton - Director of Transformation, North Tees and Hartlepool NHS Foundation Trust (NT&HFT)  
Jayne Pailor, NT&HFT  
Andrea McLoughlin – Preventing Suicide (Tees) Public Health Practitioner, Middlesbrough Council

#### **Officers:**

Gemma Jones, (HBC)  
Caroline Leng (R&CBC)  
Chris Lunn (MC)  
Joan Stevens, (HBC)  
Gary Woods (SBC)

## **1. Appointment of Chair**

Nominations for a Chair for this Committee were sought, and Councillor Boddy was nominated and agreed.

**Councillor Moss Boddy in the Chair.**

**2. Appointment of Vice Chair**

Nominations for a Vice Chair for this Committee were sought, and Councillor Cawley was nominated and agreed.

**3. Apologies for Absence**

Cllr Curr, Cllr Cooper, Cllr Moore, Cllr Scott, Karen Hawkins and Hannah Miller.

**4. Declarations of Interest**

Councillor Boddy declared that he was a Governor at TEWV.

**5. Minutes of the meeting held on 15<sup>th</sup> March 2024**

Confirmed.

**6. Minutes of the Tees Valley Area Integrated Care Partnership (ICP) meeting held 2<sup>nd</sup> February 2024**

Noted.

**7. Tees Valley Joint Health Scrutiny Committee - Protocol and Terms of Reference**

Agreed.

**8. Respite Care/Adult Learning Disability Service Update**

*(Director of Delivery, NENC ICB and Director of Operations and Transformation, TEWV)*

Prior to the item being presented the Chair acknowledged the understandable anxiety around changes to the current respite provision for families and service users, describing this provision as a 'lifeline'. Emphasis was also placed on the need for improvements in line with the CQC guidelines/recommendations and advised that the purpose of the changes were to ensure that this service could continue albeit in a different format to the one currently in place.

The Committee received an update in relation to the proposed changes to respite care in Teesside. This was led by the Interim Managing Director and the Director of Operations & Transformation for TEWV. A number of factors were highlighted to explain the need for changes to the service. They were to ensure –

- The service continued to provide the highest quality of care for people.
- That the service could support families who may require support in future
- That the buildings were providing the best environment to care.
- They complied with regulations set out by the Care Quality Commission (CQC).
- There is enough staff to provide safe and kind care.
- The service offers value for money so that support can be provided to more families.

The Committee was informed that TEWV will submit notice on the current respite provision on the 20th September 2024, giving notice of 12 months. Whilst the 12 months is contractual, TEWV has committed to providing respite service until an alternative provision is developed. The change will affect the properties at Bankfields Court in Middlesbrough and Aysgarth in Stockton. The Trust will continue to work with families and partners affected and provided reassurance that they will continue to deliver the same level of care until an alternative provision is put in place. TEWV and NENC ICB outlined a commitment to regularly working with families, staff and Committees with regards to these changes.

A Representative from the NENC ICB outlined the process for engagement, which they will lead, and gave an overview of the work that had already taken place. A series of engagement events were due to take place between October and December 2024 and two not for profit organisations had been commissioned to carry out this work. This will include looking at what bed based service is required. The events are aimed at trying to engage as many voices as possible, alongside regular communication with service users and families. There is also an opportunity to speak 1:1 with staff members.

It was explained that although notice had been served on the current service, an alternative service would be commissioned. The NENC ICB were committed towards delivering a service that was fit for purpose for people with profound and severely complex needs. Emphasis was placed on honesty and transparency throughout the whole process.

The difficulties and the impact of prolonged hospital stays were outlined. It was also explained that there was a continuing commitment to supporting people in their own homes.

Members suggested that an update be brought back to the Committee regarding the engagement work with families and service users.

During questions from Members, it was noted that providing respite care is a legal requirement. Reassurance was given that this was not a cost saving exercise and current service users would continue to be given respite care in the new service. This would differ for individuals depending on their level of need and would be determined by a needs assessment involving families and carers.

Previously the CQC had outlined specific challenges with the current respite service including the building structure, restrictions of being able to provide

single sex accommodation, insufficient individual bathrooms and the limited hand washing facilities. It was also noted the complexity of need had changed since the building of the site.

A Member referenced previous reports regarding the underutilisation of Bankfields Court and was pleased to see that occupancy levels had increased. Reference was also made to the fact that the issue of respite care was brought to the Committee some years ago.

In the discussion that followed, Members outlined the importance of this service and welcomed families being involved in the consultation process. A question was raised regarding the issue of staff retention. It was confirmed that the Trust would continue to work closely with staff at Bankfields court and Aysgarth and that they would be involved in the engagement process. They acknowledged there was a pressure on learning disability staff across the country but that both sites were currently fully staffed. Staff were keen to be part of the transition and would continue to support the families involved.

Members emphasised that involving families in this process was essential and reassurance was given by Representatives that this was not a 'hard stop'. Although the notice period was 12 months, support would continue after this date as commissioning a new service would take time.

The Chair requested that the Committee be updated in the future with regards to what is working well and any queries and concerns. Members echoed that familiar faces were key and were pleased to see that the service would not end until an alternative service was put in place.

A query was raised with regards to the respite provision for those with SEND, particularly those aged between 18-25 and asked what was in place to protect those in this transition period. It was explained that this piece of engagement work was around the respite provision at Bankfields court and Aysgarth in particular. A wider piece of work around respite in general was needed to look at this issue as a whole across the Tees Valley. It was acknowledged there is a lack of resources during this transition period for young people and that any change in provision would take time.

Concerns were raised about the impact on carers and their mental health and reference was made to the most recent CQC report. It was agreed that the CQC report would be circulated to Members.

In response to concerns regarding the current state of respite provision it was explained that due to ongoing challenges and the introduction of new standards there was a need to re-evaluate this service and that keeping families at the heart of this was key. This process was to enable continuous improvement across all areas. The Trust expressed the view that working with families and the voluntary sector was key to getting this right.

The Chair commented that there was a need to move things forward with the consultation and expressed his thanks to the Representatives for the update.

### **Decision**

- (i) The content of the presentation was noted as well as the position and rationale for change.
- (i) The CQC report from October 2023 be circulated to Members.
- (ii) Respite service engagement findings, solutions and outcomes be brought back to the Committee at a later date.

## **9. TEWV Community Mental Health Transformation Update** (Representatives from TEWV and Hartlepower Community Trust)

A presentation was provided to the Committee to outline the Community Transformation Model. Background was provided with regards to the launch of the community mental health framework in 2019, aimed at redesigning services and creating a mental health service aligned with Primary Care Networks, Local Authorities and the Voluntary Care Sector.

The Community Transformation model is designed to remove barriers to people accessing support. Based on the 'I thrive' framework and supported by Care Navigators the model focuses on:

- Getting advice and keeping well through local community support and accessing online support.
- Getting help via GP practices / community hubs and improving physical health.
- Accessing treatment and Intervention Services.

Those accessing help and support can move between services and the guiding principles include 'no wrong door to get help'. This Model has been rolled out across the 5 Tees Valley Local Authorities and reference was made to the different improvement workstreams as detailed in the presentation.

It was highlighted to Members the commitment in ensuring the model responds to what people want and that patient voice was central to designing services. This process had been supported by Healthwatch.

Part of this work included developing roles in Primary Care. It was noted that the Primary Care Network model has been successfully delivered and that only 2% of those accessing the service were stepped up into secondary care services.

A Representative from Hartlepower Community Trust advised they were pleased to be working alongside TEWV to develop new ways of supporting adults experiencing emotional distress. This is a move away from the medical model in understanding mental health and instead focuses on the social issues associated with emotional distress. Investment funding had meant that more people can now get their social, emotional and medical

needs met in the community. This model places an emphasis on partnership working and building collaborative working relationships. The ‘weekly huddle’ was an example of services coming together.

In the discussion that followed reference was made to the 111 service being utilised for accessing help and support with mental health and a query was raised regarding the number of people accessing the service. It was advised that accessing the 111 service for mental health support had now been rolled out nationally and that further communications would be circulated about this. It was advised the demand for this service was high and that an update with regards to this service could be brought back to a future Committee meeting.

A query was raised in relation to the care navigators and their background. Members were advised that care navigators were recruited from a range of backgrounds and experience, some with lived experience. A peer support service was also identified for development.

Members asked about the data in relation to only 2% of people being stepped up to secondary care services. It was advised that all other service users had their needs met through other routes such as accessing talking therapies. Members went on to ask about the data relating to footfall and improvement to patient flow. The TEWV Representative commented that previously it had taken a long time to wait for specific assessments and that this had now changed because of this service. People were now being filtered to the best service to meet their needs and this was not always mental health services. Access to help and support was now much quicker.

A Member asked why GP services were not included in the ‘Getting advice and keeping well section’ of the Model. It was agreed that GP services were an essential part of this process. Mental health services were now in GP practices and all reception staff had been trained on this system wide offer.

Members welcomed the Model and thanked Representatives for their presentation.

### **Decision**

- (i) The content of the presentation was noted.
- (ii) An update would be provided to the Committee at later date with regards the pilot for use of the 111 service to access mental health support.

## **10. Community Diagnostics Centre – Update** (*Director of Transformation – NT&HFT*)

An update was provided to the Committee in relation to the progress of the Community Diagnostic Centre (CDC) Hub being built on the Stockton site, and the Spoke sites at Hartlepool Hospital, Friaridge Hospital and Redcar Primary Care Hospital. The aims and the objectives of the CDC Hub and Spoke Sites were detailed within the presentation.

In the discussion that followed the issue of staffing and IT systems were explored. It was noted that staff have taken part in visits to the site in Stockton and being involved in the development of this site. The aim was to also attract people who want a career in diagnostics. Members queried the key risks associated with the work force and it was highlighted that some service areas were difficult to recruit to. Measures being taken to manage this included the use of apprenticeships to 'grow our own' workforce and that further recruitment and training was underway. A key development of the CDC Hub was working towards the use of one IT system. It was anticipated that within the coming months the IT system will be a 'cross over system' between sites. The CDC Hub at the Stockton site was waiting on an electricity supply and then the installation of equipment could begin. A possible site visit by Committee Members was discussed.

Improvements to cancer pathways were also discussed and examples were given with regards to this. There was limited capacity to have outpatient services working from the Stockton site however, moving some services out of the acute hospitals would free up space.

Questions arose from the presentation including the provision of children's services. It was advised that children services would remain unchanged and that not every service would be transferred to the CDC Hub site.

A question was raised with regards to the use of Artificial Intelligence (AI) and Members were advised that this was largely used as a reporting tool and not a diagnostic tool however, some AI packages were being trialled across the region.

Further queries were raised regarding IT packages. Information was provided in terms of the end goal to have 1 integrated IT system and that steps to complete this would take place over the coming months.

The issue of renewable energy was also highlighted, and it was advised that this site would be taking green energy into account.

A question was raised about whether there were plans for a CDC Hub in Darlington. Representatives advised that this site was unable to be replicated everywhere but that patient flow across the Tees Valley had been explored as well as travel issues. Colleagues in Country Durham had enhanced their diagnostic service and also invested in the Bishop Auckland site.

Members thanks Representatives for their update and welcomed the changes to the diagnostics process for the Tees Valley.

### **Decision**

- i) The presentation was noted.
- ii) That a CDC Hub site visit be considered by the Committee.

## 11. Work Programme for 2024/2025

The Work programme for 2024/25 was discussed and further items were identified for inclusion including –

- Hospital Discharge services and unhealthy home environments.
- Feedback from the use of 111 service for support with mental health.
- Respite engagement findings, solutions and outcomes.
- An update from CAMHS with regards to waiting times for assessment and diagnosis including ADHD and Autism.
- Vaping in young people.
- Social Prescribing.
- New Home builds and the stretch on health services.

### Decision

- (i) Further items identified to be considered for the work programme for 2024/25 and discussed at the next Committee.
- (ii) Information be circulated with regards to Stockton Borough Council's Scrutiny Review of Hospital Discharge.

## 12. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 12.50pm.

CHAIR