



DARLINGTON

Borough Council

Tees Valley Joint Health Scrutiny Committee Agenda

10.00 am

Friday, 23 September 2022

Council Chamber, Town Hall, Darlington, DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introductions/Attendance at the Meeting
2. Appointment of Chair for the Municipal Year 2022/23
3. Appointment of Vice Chair for the Municipal Year 2022/23
4. Declarations of Interest
5. Minutes of the Meeting held on 8 June 2022 (Pages 3 - 8)
6. Clinical Journey and Quality Journey - Tees, Esk and Wear Valley NHS Foundation Trust – Presentation by the Chief Executive, Tees, Esk and Wear Valley NHS Foundation Trust (Pages 9 - 34)
7. North East and North Cumbria Integrated Care Board and System Implementation – Presentation by the Executive Director of Place-Based Delivery - Central and Tees Valley, North East and North Cumbria Integrated Care Board (Pages 35 - 54)
8. Urgent and Emergency Care Access – Update by Director, North East and North Cumbria Integrated Care Board (Pages 55 - 80)
9. Paediatric Ophthalmology Services – Report of the Clinical Lead for Ophthalmology, County Durham and Darlington NHS

Foundation Trust
(Pages 81 - 82)

10. Work Programme –
Report of the Assistant Director Law and Governance
(Pages 83 - 96)
11. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Committee are of an urgent nature and can be discussed at the meeting.



Luke Swinhoe
Assistant Director Law and Governance

Wednesday, 14 September 2022

Town Hall
Darlington.

Membership

Councillors Bell, Layton, Mrs H Scott, Cook, Creevy, Falconer, Blades, Davison, Hellaoui, Rees, Smith, Watts, Cunningham, Gamble and Hall

If you need this information in a different language or format or you have any other queries on this agenda please contact Hannah Miller, Democratic Officer, Operations Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays email: hannah.miller@darlington.gov.uk or telephone 01325 405801

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

Wednesday, 8 June 2022

PRESENT – Councillors Layton, Creevy, Falconer, Hellaoui, Smith, Watts, Cunningham, Hall and Weston

APOLOGIES – Councillors Cook, Davison and Gamble

ABSENT – Councillor Dan Rees

ALSO IN ATTENDANCE – David Gallagher (NHS Tees Valley Clinical Commissioning Group), Brent Kilmurray (Tees, Esk and Wear Valley NHS Foundation Trust), Paul Murphy (Tees, Esk and Wear Valley NHS Foundation Trust), Ann Bridges (Tees, Esk and Wear Valleys NHS Foundation Trust), Sarah Dexter-Smith (Tees, Esk and Wear Valley NHS Foundation Trust), Patrick Scott (Tees, Esk and Wear Valley NHS Foundation Trust), Dominic Gardner (Tees, Esk and Wear Valley NHS Foundation Trust), Helen Day (Tees, Esk and Wear Valley NHS Foundation Trust), Claire Bainbridge (Tees, Esk and Wear Valley NHS Foundation Trust), Mark Speight (Tees, Esk and Wear Valley NHS Foundation Trust), Jennifer Illingworth (Tees, Esk and Wear Valley NHS Foundation Trust), Cathy Byard (Tees, Esk and Wear Valley NHS Foundation Trust), James Graham (Tees, Esk and Wear Valley NHS Foundation Trust), Avril Lowery (Tees, Esk and Wear Valley NHS Foundation Trust), Dr Chris Lanigan (Tees, Esk and Wear Valleys NHS Foundation Trust), Ann McCoy (Tees, Esk and Wear Valley NHS Foundation Trust) and Brian Cranna (CQC)

OFFICERS IN ATTENDANCE – Hannah Miller (Democratic Officer), Joan Stevens (Statutory Scrutiny Manager), Scott Bonner (Democratic Services Officer), Alison Pearson (Governance Manager) and Gary Woods (Scrutiny Officer)

1 APPOINTMENT OF CHAIR FOR THE PURPOSE OF THE MEETING

RESOLVED – That Councillor Layton be appointed as Chair for the purpose of the meeting.

2 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

3 MINUTES OF THE MEETING HELD ON 18 MARCH 2022

Submitted – The Minutes (previously circulated) of the meeting of this Joint Scrutiny Committee held on 18 March 2022.

Pursuant to Minute 23, Members were informed that Chris Morton had been appointed Lived Experience Director for Durham Tees Valley and Forensics Care Group and Charles Nosiri had been appointed Lived Experience Director for North Yorkshire and Selby Care Group.

Reference was made to Stockton Borough Council's decision to call for a public inquiry into Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) and the Lead Governor, TEWV

reassured the committee that the Council of Governors had regularly requested evidence as to how the Trust were working to address issues identified and that a special meeting of the Council of Governors was held to discuss how the non-executive directors were held to account.

RESOLVED – That the Minutes of the meeting of this Joint Scrutiny Committee held on 18 March 2022 be approved as a correct record.

4 PROTOCOL FOR THE TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

RESOLVED – That, with amendment of the CCG to the ICB, the Protocol for the Tees Valley Joint Health Scrutiny Committee be agreed.

5 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - QUALITY ACCOUNT 2021/2022

The Associate Director of Strategic Planning and Programmes and Director of Quality Governance, Tees, Esk and Wear Valley NHS Foundation Trust gave a presentation (previously circulated) presenting the Quality Account 2021/22 including Quality Improvement priorities planned for 2022/23.

It was reported that of the nine Quality Metrics, four were reported as red by the Trust at the end of Quarter 4 2021/2022; details were provided for those missed targets and the actions being taken by the Trust to address these; whilst four metrics were reported as red, two were close to meeting their target; and that the Trust deliberately set stretching targets.

Reference was made to the Quality Metrics for 2022/23; Members noted that a review of the suite of metrics was underway to align them more closely with the Trusts new quality journey and the improvement priorities.

The Quality Account Improvement Priorities for 2021/22 were outlined and it was reported that of the 46 actions 30 had been achieved or were on track; the reasons for delays in implementation of the actions, both covid and non-covid, were outlined and details were provided for the 2022/23 improvement priorities and associated actions.

Discussion ensued regarding care planning and implementation of the dialogue system; and particular concern was raised regarding the high number of incidents of physical intervention/restraints per 1000 occupied bed days with 37.66 against the Trust target of 19.25. Members were advised that the incidents related to a small number of patients; details were provided of the work programme that was in place to address this issue; and Members were assured that this was a key workstream for the Trust.

Following a question in relation to benchmarking, Members requested the inclusion of comparative data in future Quality Account update reports in order to provide context for Members.

Discussion also ensued regarding recording of incidents involving staff; learning from best practice and collaborative working; and following a question regarding training of agency staff, Members were assured that staff were employed from agencies on the NHS framework; that as part of the framework the agency staff were required to have received

statutory and mandatory training; and bespoke training would be offered for any specific training requirements prior to starting to work on the ward.

Members requested regular briefings on various aspects reported on in the Quality Accounts at future meetings of the Joint Committee, with a focus on topics based on the priorities/concerns at that given time; and it was suggested that an update be provided on the clinical and quality journey at the next meeting of this Committee.

RESOLVED – That the Tees, Esk and Wear Valley NHS Foundation Trust Quality Account 2021/22 be noted and the Committee’s comments be submitted as part of TEWV’s consultation on the Quality Account.

6 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - CQC INSPECTION UPDATE

The Chief Executive submitted a report (previously circulated) providing Members with a general update and progress in relation to the CQC inspection report, since the last meeting of the Joint Committee held on 14 March 2022; and outlining the Trusts response to questions raised by this Committee. A presentation accompanied the report.

It was reported that the Trust had implemented a new governance and organisational structure on 1 April 2022, developed following feedback from staff, patients, families, carers, governors and partners; that two Care Groups had been established, Durham, Tees Valley and Forensic Care Group and North Yorkshire, York and Selby Care Group, enabling the Trust to be better aligned to the two Integrated Care System; and that two lived experience directors had been appointed for each care group. Reference was made to the role of the lived experience directors and the recruitment of additional peer workers across the Trusts services.

It was also reported that a new integrated performance Board Assurance Framework had been introduced; work was being undertaken to improve risk management, including establishment of risk groups at executive and care group levels and improved reporting to the Board and its committees through a new risk escalation framework. Members were informed that the revised governance arrangements had been developed to strengthen the Trusts leadership structure and capacity.

The submitted report stated that the Trust had an overarching People plan aligned the Board Assurance Framework, built around three key strands of recruitment and retention, staff wellbeing and experience, and culture.

Details were provided of recruitment and retention for the Trust; vacancy rates were currently 7-8 per cent; the number of employees had increased by 5 per cent in the previous 18 months; and the time taken to send conditional offers and commence pre-employment checks had vastly improved from 8+ weeks to 2 weeks following the introduction of a digital pre-employment checking system. Members also noted that staff absence remained a challenge, however absence rates had remained lower than neighbouring Trusts over the past two months.

In relation to staff wellbeing and experience it was reported that the Trusts People and

Culture Directorate was being restructured to increase the focus on workforce planning, health and wellbeing and staff engagement; and the work undertaken to improve staff wellbeing was outlined. Reference was made culture and staff feedback; it was reported the Collective leadership model had been made clearer to ensure that responsibility and ownership was transparent, this included increased clinical leadership and the appointment of two full time Lived Experience Directors; four staff networks were in place across the Trust; and a range of sessions were in place to enable staff to talk with each other and share ideas. The trust's response to the National Pulse Survey Quarter 1 2022 was outlined and members noted the response rate of 29 per cent which was second highest in the North East and North Cumbria region.

Reference was made to the CQC Action Plan and progress made within Secure Inpatient Services (SIS) and CAMHS. The key areas of focus for SIS were outlined and details were provided of the work undertaken in relation to staffing, which included review of staffing in three formal meetings per day; introduction of a Healthcare Assistant council, ward improvement groups and fundamental standards group; and face to face two day inductions for new staff. Members noted that training compliance for safeguarding level 3 was 95.98 per cent; and that a member of the corporate safeguarding team was now based within SIS offering direct support, supervision and involvement in clinical care.

In relation to governance it was reported that a new model of care and professional practice had been launched; there were increased staff wellbeing activities and a SIS wellbeing group launched; and the policy in relation to the use of mobile phones by staff within the perimeter was being reviewed and a 'safe area' where staff can use electronic devices was being developed.

Details were provided of the key areas of the work programme for children and young people's services; the Keeping in Touch (KIT) process which had been introduced, was monitored daily and 97 per cent of children on the waiting list had KIT contact; and the Trust were recruiting to alternative roles to meet the increase in demand.

It was reported that the Trust had moved to a nationally mandated framework, i-THRIVE, a whole system and evidenced-based approach in supporting families with their emotional wellbeing and mental health needs; the key components of the framework were outlined and it was noted the framework draws a clear distinction between treatment and support. Members were advised that an internal restructure of CAMHS was undertaken to align with i-THRIVE; and that the Mental Health Support Teams in schools and voluntary community sector providers had seen approximately 1,500 children and young people last year in the wider system, who would have historically come into the trust. Members noted that the mental health support in schools was an anticipated coverage of 50 per cent by the end of 2022/23.

Discussion ensued regarding the leisure activities and education for service users; concerns in relation to recruitment of registered nurses; and Members requested further information regarding the Lived Experience roles.

Following a question regarding children and young people, Members were advised that there had been an increase in demand for services following Covid, but this was at a lower level; and following concerns regarding wait times in relation to an autism diagnosis, Members

were assured that there was a bubble of support for those on a waiting list and that wait times were comparable to national benchmarks. Members requested an update on CAMHS at a future meeting.

It was noted that the CQC continued to monitor the Trust.

RESOLVED – (a) That the thanks be extended to Tees, Esk and Wear Valley NHS Foundation Trust for their informative update.

(b) That updates be provided at a future meeting on the Lived Experience roles and CAMHS.

7 WORK PROGRAMME

RESOLVED – That the work programme be deferred to the next meeting of this Joint Committee.

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Tees Valley Joint Health Scrutiny Committee

23 September 2022

Respect

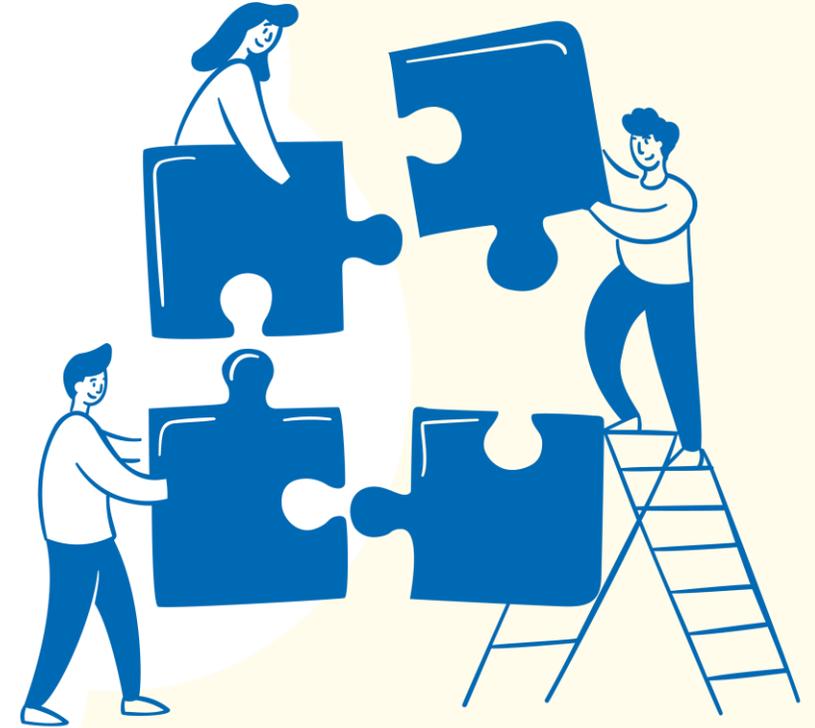
Compassion

Responsibility



What we'll cover today

- Key achievements and progress made.
- The challenges and how we're responding.
- Our Journey to Change – where we're up to.
- Clinical and Quality Journey updates.
- Lived Experience roles.



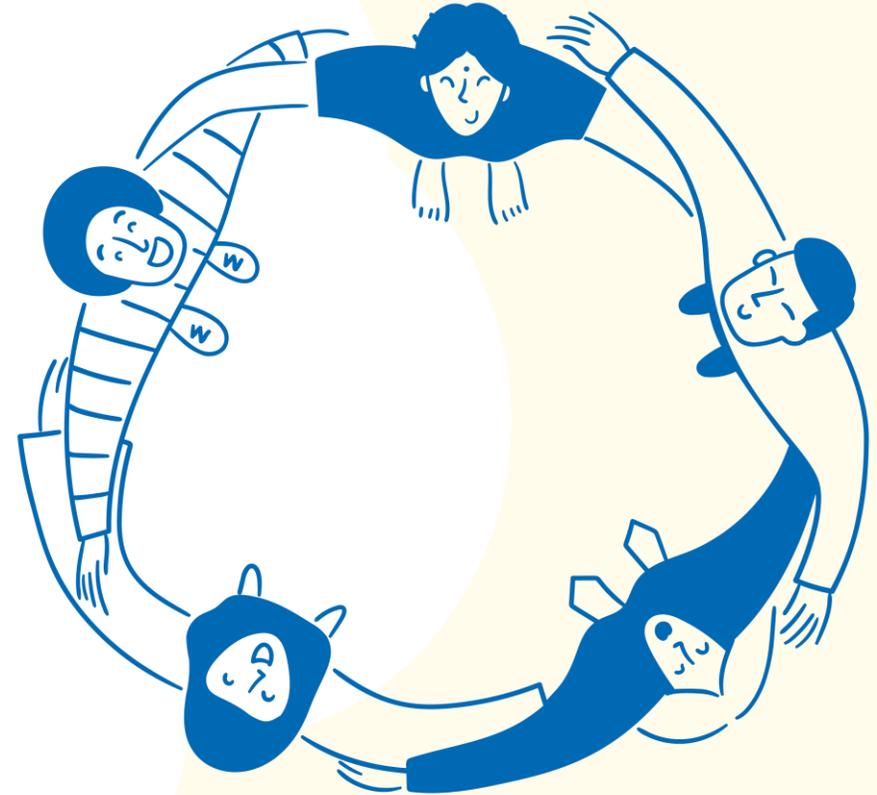
Key achievements and progress (1)

- **Embedding new governance structures across two care groups including some key appointments:**
 - New Chair: David Jennings
 - Medical Director: Kedar Kale
 - Assistant Chief Executive: Mike Brierley
 - Durham, Tees Valley Care Group - Secure Inpatient Services Care Group Director: Naomi Lonergan
- **Improved operational oversight and grip - e.g. SIS and CAMHS**
 - CQC report into CAMHS community service published – demonstrates we've improved in the safe category - still work to do.
 - CQC Secure Inpatient Services (Forensics) report expected imminently – high level feedback been positive in terms of improvements being made, and the right direction of travel.
- **Revised and strengthened risk management arrangements.**
- **Over 55,000+ safety plans revised to a better format.**
- **Safer inpatient environments.**
- **Quality Assurance Programmes utilising qualitative and quantitative data.**



Key achievements and progress (2)

- Significant increase in compliance with statutory and mandatory training.
- Improved sickness rate at 5-6%.
- More streamlined recruitment processes & workforce grown 10+%.
- Big focus on staff wellbeing and experience, and culture.



However, there are some challenges

- **Quality and safety concerns**

- SI's
- Restrictive Interventions
- Crisis / demand

- **Workforce and staffing**

- Community expansion
- Resilience
- Pipeline

- **System developments**

- Changing landscape

- **Regulatory scrutiny**

- **Activity**

- Sustained demand increases
- Waiting lists

- **Confidence in us and our services**

- Reputation management

- **COVID-19**

- Sustainability
- Disruption
- Backlogs
- Recovery
- Demand

- **Cyber threats**



Our response to the challenges

- We're doing everything we can to maintain high standards and good performance.
- We have listened to feedback and engaged with people.
- We are making good progress in strengthening governance and assurance, simplifying layers, recruiting and retaining people, managing activity pressures and rebuilding confidence in our services.
- Our *Journey to Change* is our opportunity to reset and reshape in our current and future context – building the future.
- Backed by a clear set of priorities and strategic activities to ensure delivery.
- Focus on our making significant progress on our Clinical, and Quality & Safety Journeys.



1 Why we do what we do

We want people to lead their best possible lives.

2 What people have told us about the sort of organisation we were in 2020

We have a lot to be proud of, yet we don't always provide a good enough experience and at times let down those who use our services, their carers and their families.

The most important way we will get there is by living our values, all of the time

- Respect**
- Listening
 - Inclusive
 - Working in partnership

- Compassion**
- Kind
 - Supportive
 - Recognising and celebrating

- Responsibility**
- Honest
 - Learning
 - Ambitious

4

We will co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism, involving them and their carers as equal partners. We will listen, learn, improve and innovate together with our communities and will always be respectful, compassionate, and responsible.

3 The kind of organisation we want to be

5 We are committed to three big goals for the next five years

Goal 1

To co-create a great experience for our patients, carers and families, so you will experience:

- **Outstanding** and compassionate care, all of the time

Goal 2

To co-create a great experience for our colleagues, so you will be:

- **Proud**, because your work is meaningful.

Goal 3

To be a great partner, so we will:

- Have a **shared understanding** of the needs and the strengths of our communities

Your opinions are important to achieve our goals. **Get Involved**

Our Journey to Change: 5 themes

1. **Clinical** – how we will provide high quality, safe, kind, effective and personalised clinical care to the people we support.
2. **Quality** – how we will make our services safer and improve patient experience through evidence-based care.
3. **Cocreation** – how we will seek out and act upon the voices of the people we work with to improve care.
4. **Infrastructure** – how the places we work, such as our hospitals and offices, the equipment we use, the information we gather and the systems and processes we put in place will support excellent patient care.
5. **People** – how we will ensure everyone who works and volunteers with us has a great experience, whether they're permanent employees, people working as bank staff or through an agency, students or volunteers.

Clinical Journey – our ambition

Our ambition is to improve the overall health and wellbeing of people experiencing mental health issues, learning disability, autism in our region by:

- Providing high quality, safe, timely effective clinical care.
- Co-creating holistic and integrated models of care.
- Offering a responsive approach to manage fluctuating needs.
- Empowering service-users and carers as equal partners.
- Ensuring kind, person-centred care.
- Enabling individuals to be active members in their local communities.
- Working with partners to address barriers in care.



Clinical Journey - our principles



Clinical Journey – delivering on our ambitions

We will achieve our ambition by:

- Meeting the goals of national programmes and local initiatives.
- Setting standards overseen by our Strategic Clinical Networks.
- Developing Community Mental Health hubs.
- Driving Inpatient Improvement work.
- Improving crisis management.
- Personalising care plans.
- Offering evidence-based interventions and outcome measures.
- Enabling digital transformation (Electronic patient records & digital access).



Clinical Journey – in action

Utilising community assets to drive change from the ground-up

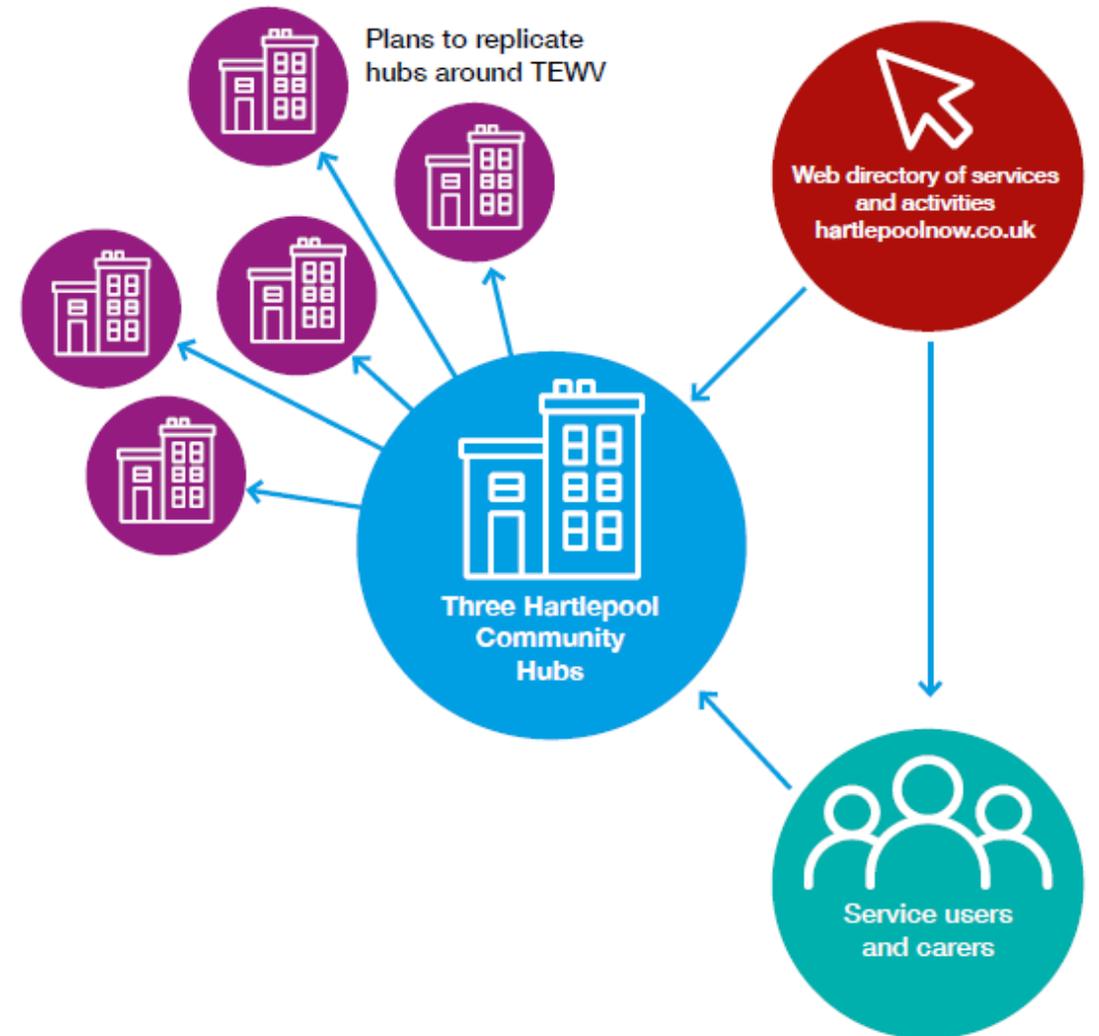
“Build it and they will come.”

- The brief: helping any person who is seeking support through the wide collection of services delivered through the community hubs. These services are brought together in a directory on the Hartlepool NOW website

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Ingredients for success include:

- Public buildings provided freely serving as a hub and focal point to attract a wide range of organisations and services.
- Key individuals in Hartlepool who bring a culture of energy, enthusiasm and the communication skills to act as catalysts – inspiring and motivating others with their transformation vision.
- The creation of a large number of pilot initiatives demonstrate success and produce learning that provides others with the confidence to come on board and launch their own initiatives.



Stockton CAMHS – case study

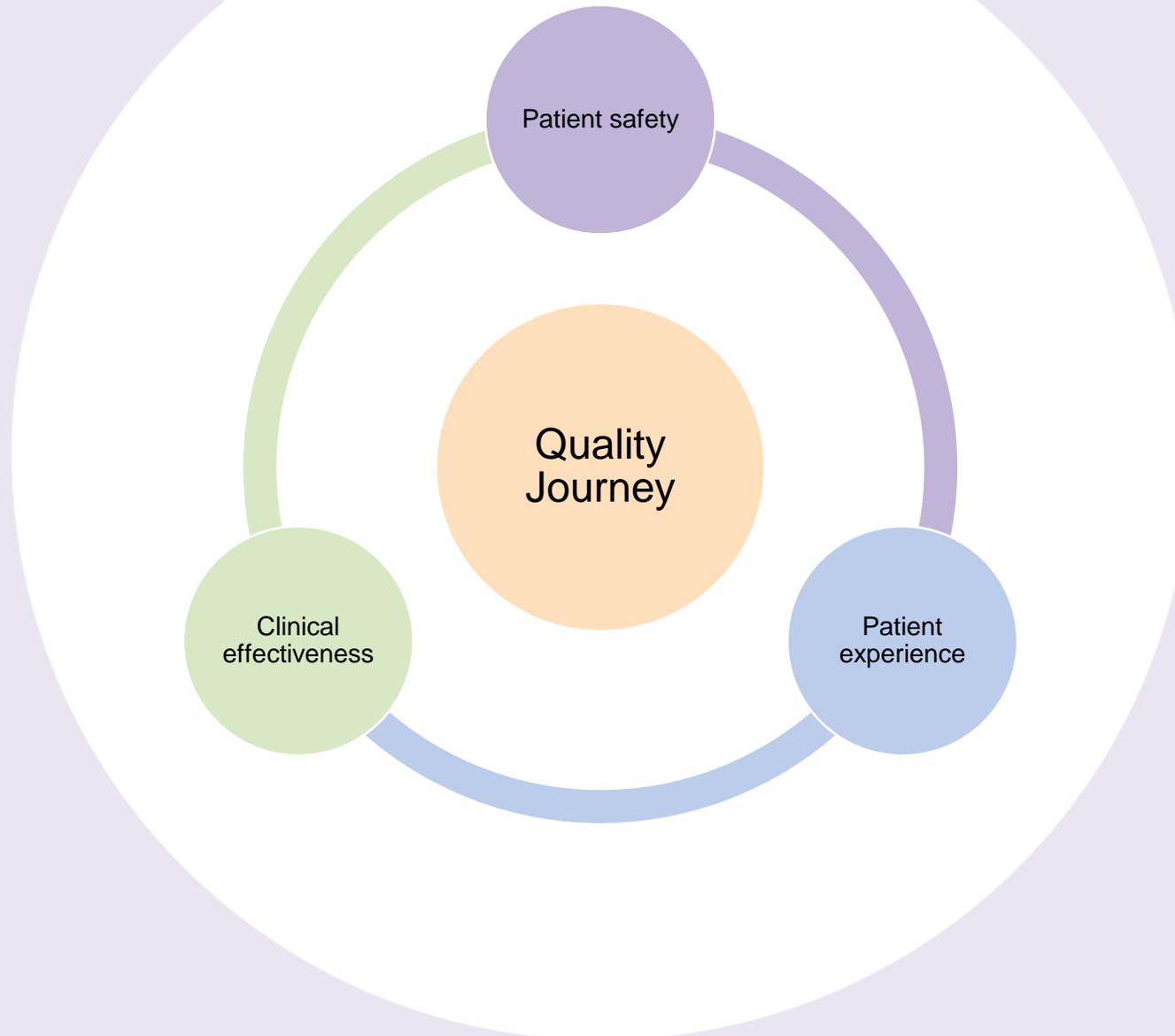
- Stockton CAMHS undertook a program of work to ‘deep dive’ into their caseload and review their assessment and allocation processes.
- Over a period of 10 months, caseload size reduced by more than 50%, facilitated through appropriate and planned discharge or referral to alternative services.
- This position is now sustained through improved initial assessment and caseload allocation processes, as well as close ties and system transformation with partners to provide viable and quality alternatives to CAMHS, for families with mild to moderate mental health needs.
- These significant improvements to overall capacity and demand within the team have resulted in low waits for assessment (27 days) and treatment (86 days)*.
- The learning from Stockton has been shared and similar actions and subsequent improvements are being seen service-wide.

Clinical Journey – next steps

- Wider engagement and consider feedback.
- Reflect and update following feedback analysis.
- Clinical Journey projects and areas of focus agreed.
- Update governance structure to link to the Quality and Safety Journey.
- Underpinned by cocreating with our staff, our partners, and our patients, families and carers.



Quality Journey – our focus



Quality Journey – our commitment

- **Safe** - delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights.
- **Effective** - informed by consistent and up to date high quality training, guidelines and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit
- **A Positive Experience: responsive and personalised** - shaped by what matters to people
- **Well led** - driven by collective and compassionate leadership, which champions a shared vision, values and learning; delivered by accountable organisations and systems with proportionate governance
- **Sustainably resourced** - focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.
- **Equitable** - everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities

Underlying these 3 domains of quality is the importance of **Caring**.





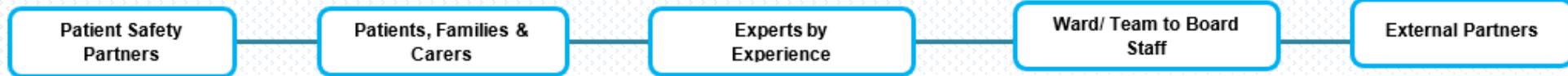
Our Journey to Safer Care

Insight

Our Patient Safety Priorities



Involve



Improve and Inspire How we will achieve our goals

Academy of Caring

Provide education and training opportunities which enable all health professionals to deliver effective and compassionate care. Develop new and innovative roles across system
Empathy Training

Patient Safety Faculty

Improve our understanding of safety
Build capability for safety improvement through a Patient Safety Syllabus:

- Human Factors & Safety Management
- Creating Safe Systems

Patient Safety Specialists
Patient Safety Partners

Continuously Improving Patient Safety

Measuring what matters
Team Safety Plans – local ownership
Improvement programmes enable effective and sustainable change
Intelligence for Action:

- Stop the Line
- Flash Safety Briefings
- SBARDS & Webinars
- National Safety Alerts

Maximising Technology

Digital systems and solutions

- CITO
- SafeCare
- Dialogue

New National Reporting & Learning System
Maximising Datix System
New National Patient Safety Incident Response Framework

A Learning Organisation

Opportunities for learning

- When things go well
- From incidents, complaints, litigation
- In our shoes –patient, carer and staff experiences

National Improvement Programmes
Research and Innovation
Innovative and effective ways to share and embed learning
Learning Library



Our Journey to Excellence in Patient Experience and Involvement

Insight



Involve



Improve and Inspire How we will achieve our goals



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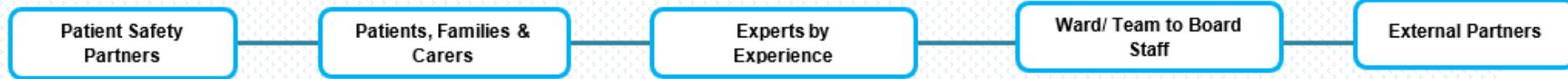


Our Journey to Effective Care

Insight



Involve



Improve and Inspire How we will achieve our goals



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Quality Journey – progress so far

- Self harm deep dive: therapeutic approaches, harm minimisation reviews, balancing autonomy and safety, training needs.
- Restrictive interventions: Merseycare HOPES model, Challenging Behaviour Foundation, reducing restrictive practices.
- Improving sexual safety: Single gender PICU proposal, National Collaborative.
- Promoting physical health: Identification of physical health KPI's/workplan to deliver a Trust wide physical health programme.
- Environmental and assistive technology to improve safety on wards.
- Implementation of new Patient Safety Incident Response Framework.
- Thematic closure of historic Serious Incidents.
- Improved oversight and learning from incidents.
- Working in partnership with families.



Lived Experience - background

- Long history of service user and carer involvement in TEWV, strengthened by the Expert By Experience programme (2014-2020) and the emergence of various peer support and lived experience roles.
- These initiatives have reflected the organisations' commitment to put patient and families experience and voice at the heart of everything we do.
- Trying to embed coproduction is difficult work and we have experienced challenges to ensure the centrality of experiential knowledge, challenges to how service user and carer involvement is meaningful and creates change.
- In 2020 we carried out a review of coproduction and service user and carer involvement looking at both lessons learned internally but also good practise across the country.
- One key recommendation was that to coproduce/cocreate our services, we needed patient leadership, people with lived experience at every level- from this the Lived Experience Director roles and Head of Cocreation, were created.
- **Lived Experience roles report directly into the Care Group leadership structure.**
- **These roles represent a power shift in Cocreation within our trust and are rare within NHS Trusts.**



Lived Experience roles – responsibilities

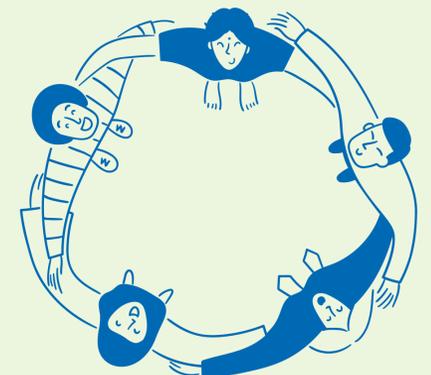
Bring lived experience perspective into key decision making

In the same way as with other leadership roles (nursing, medical etc) at care group board, to bring the lived experience perspective to the leadership of the care group.

This lived experience perspective is informed by:

- personal lived experience of mental distress
- awareness and understanding of wider national and international lived experience
- survivor movements, research and perspectives
- being grounded in the experiences of TEWV patients and families.

The roles facilitate a lived experience perspective into the day-to-day operational management of the care group that historically would be impossible to have a service user or carer perspective in to.



Lived Experience roles - responsibilities

Ensure the Care Group fulfils its obligations to ensure cocreation at every level of decision making

This includes advocating the need for getting and valuing patient experience data, creating voluntary involvement opportunities through to creating and supporting paid lived experience roles.

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They also have a responsibility to hold services to account on this ambition.



Lived Experience Directors

- **Chris Morton** - Durham, Tees Valley and Forensics Care Group Board
- **Charles Nosiri** - North Yorkshire, York and Selby Care Group Board

Main focus so far has been:

- Understanding the organisation and the services within their care groups.
- Working with care groups on big ticket issues: serious incidents, patient safety, complaints / PALS, crisis team review.
- Building relationships with patients, families and existing groups.
- Mapping out the existing involvement and cocreation happening.
- Developing cocreation networks where service users and carers come together, and can strengthen TEWVs existing governance structures by providing a lived experience check and challenge.





Any questions?

Respect

Compassion

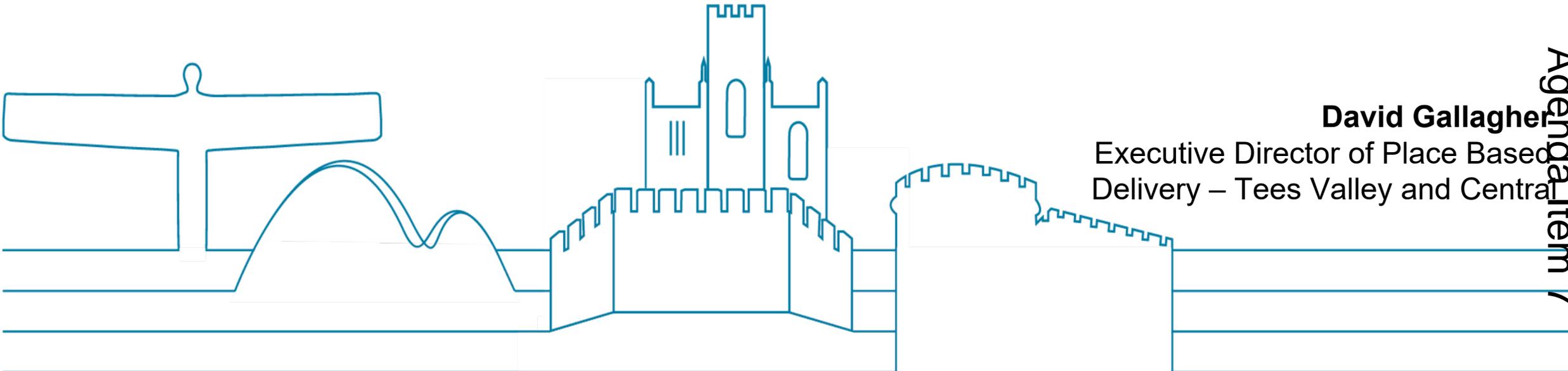
Responsibility



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Guidance on the formation of Integrated Care Partnerships

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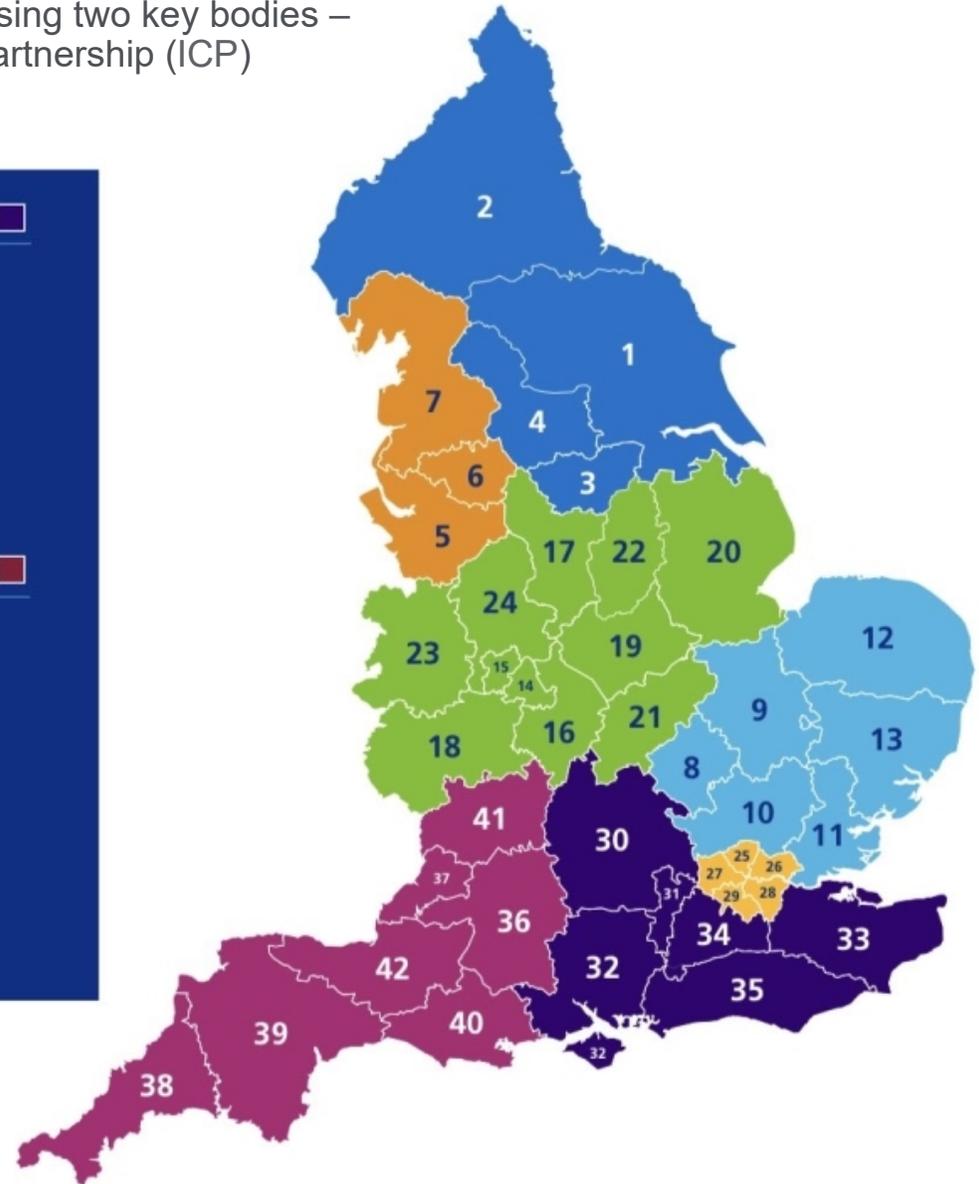
David Gallagher
Executive Director of Place Based
Delivery – Tees Valley and Central

Agenda Item 7

Integrated Care Systems (ICSs)

42 statutory ICSs have established across England comprising two key bodies – an integrated care board (ICB) and integrated care partnership (ICP)

<p>North East & Yorkshire</p> <ul style="list-style-type: none"> 1 NHS Humber and North Yorkshire 2 NHS North East and North Cumbria 3 NHS South Yorkshire 4 NHS West Yorkshire 	<p>Midlands</p> <ul style="list-style-type: none"> 14 NHS Birmingham and Solihull 15 NHS Black Country 16 NHS Coventry and Warwickshire 17 NHS Derby and Derbyshire 18 NHS Herefordshire and Worcestershire 19 NHS Leicester, Leicestershire and Rutland 20 NHS Lincolnshire 21 NHS Northamptonshire 22 NHS Nottingham and Nottinghamshire 23 NHS Shropshire, Telford and Wrekin 24 NHS Staffordshire and Stoke-on-Trent 	<p>South East</p> <ul style="list-style-type: none"> 30 NHS Buckinghamshire, Oxfordshire and Berkshire West 31 NHS Frimley 32 NHS Hampshire and Isle of Wight 33 NHS Kent and Medway 34 NHS Surrey Heartlands 35 NHS Sussex
<p>North West</p> <ul style="list-style-type: none"> 5 NHS Cheshire and Merseyside 6 NHS Greater Manchester 7 NHS Lancashire and South Cumbria 	<p>London</p> <ul style="list-style-type: none"> 25 NHS North Central London 26 NHS North East London 27 NHS North West London 28 NHS South East London 29 NHS South West London 	<p>South West</p> <ul style="list-style-type: none"> 36 NHS Bath and North East Somerset, Swindon and Wiltshire 37 NHS Bristol, North Somerset and South Gloucestershire 38 NHS Cornwall and The Isles Of Scilly 39 NHS Devon 40 NHS Dorset 41 NHS Gloucestershire 42 NHS Somerset
<p>East of England</p> <ul style="list-style-type: none"> 8 NHS Bedfordshire, Luton and Milton Keynes 9 NHS Cambridgeshire and Peterborough 10 NHS Hertfordshire and West Essex 11 NHS Mid and South Essex 12 NHS Norfolk and Waveney 13 NHS Suffolk and North East Essex 		



Key expectations for ICPs

The Department for Health and Social Care, NHS England and the Local Government Association have jointly developed five key expectations for Integrated Care Partnerships. They are intended to help local authorities and ICBs maximise the value that ICPs can bring to their local communities.

Integrated Care Partnerships will:

- Be a core part of the Integrated Care System, driving direction and priorities;
- Be rooted in the needs of people, communities and places;
- Create space to develop and oversee population health strategies to improve health outcomes and experiences;
- Support integrated approaches and subsidiarity;
- Take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights

Guiding principles agreed by the Joint Management Executive Group (JMEG)

A joint NHS and Local Authority group was convened by Sir Liam Donaldson to consider national guidance on establishing Integrated Care Systems and the priorities of key stakeholders, and to agree principles that would guide this work. These included:

- Create high quality planning arrangements to address population health needs, reduce health inequalities, and improve care, while ensuring accountability and effective stewardship of our resources
- Agree the constitution and appropriate composition of the Integrated Care Board – reflecting the size and scale of our ICS area
- Ensure continuity of effective place-based working between the NHS, local authorities and other partners sensitive to local needs
- Design the right mechanisms to drive innovation and improvement in geographical areas larger than place-level;
- Develop a model of effective inter-relationship between the Integrated Care Board and the Integrated Care Partnership - **building on existing partnerships in our four ICP Areas**

ICP footprints agreed by JMEG



Following feedback from our local authority partners, our system will include one Strategic ICP built up from four 'Area ICPs', recognising our existing partnerships

North East and North Cumbria (NENC) Integrated Care System

Strategy

Delivery

System

System

NENC Integrated Care Partnership (ICP)

Develops and signs off the Integrated Care Strategy

Strategic Direction
Overview & Scrutiny

NENC Integrated Care Board (ICB)

and its sub-committees (e.g. ICB Executive Committee, Quality & Safety Committee, Finance, Performance & Investment Committee etc.)

Performance Monitoring
Reporting & Assurance

Share area need
and priorities

Incorporate system
priorities based on need

Reporting & assurance
Escalation of risks/decisions

Strategic & operational direction
Delegation of functions/decisions

Page 40

Area

Area

Area ICP x 4

North, North Cumbria, Central, South

Strategic Direction
Overview & Scrutiny

**Area ICP
Delivery
Group**

**Area ICP
Quality &
Safety
Group**

Area Board
*TBC, where
appropriate
e.g. Tees Valley*

Performance Monitoring
Reporting & Assurance

Reporting & assurance
Escalation of risks/decisions

Strategic & operational direction
Delegation of functions/decisions

Share JSNA and
JHWB Strategy

Incorporate area
priorities based on need

Place

Place

Health and Wellbeing Boards

Strategic Direction
Overview & Scrutiny

**Place
Delivery
Group**

**Place
Quality &
Safety
Group**

**Place
Board**
*(as per CP573
white paper)*

Performance Monitoring
Reporting & Assurance

Reporting & assurance
Escalation of risks/decisions

Strategic & operational direction
Delegation of functions/decisions

Confirmed ICB leadership team

- Chair – **Sir Liam Donaldson**
- Chief Executive – **Samantha Allen**

Partner Members

- Local Authorities: **Cllr Shane Moore** (Hartlepool), **Tom Hall** (South Tyneside), **Ann Workman** (Stockton-on-Tees), **Cath McEvoy-Carr** (Newcastle),
- Primary Care: **Dr Saira Malik** (Sunderland), **Dr Mike Smith** (County Durham)
- NHS Foundation Trusts: **Ken Bremner MBE** (NHS South Tyneside and Sunderland Foundation Trust), **Dr Rajesh Nadkarni** (NHS Cumbria, Northumberland and Tyne & Wear Foundation Trust)

Non Executive Directors

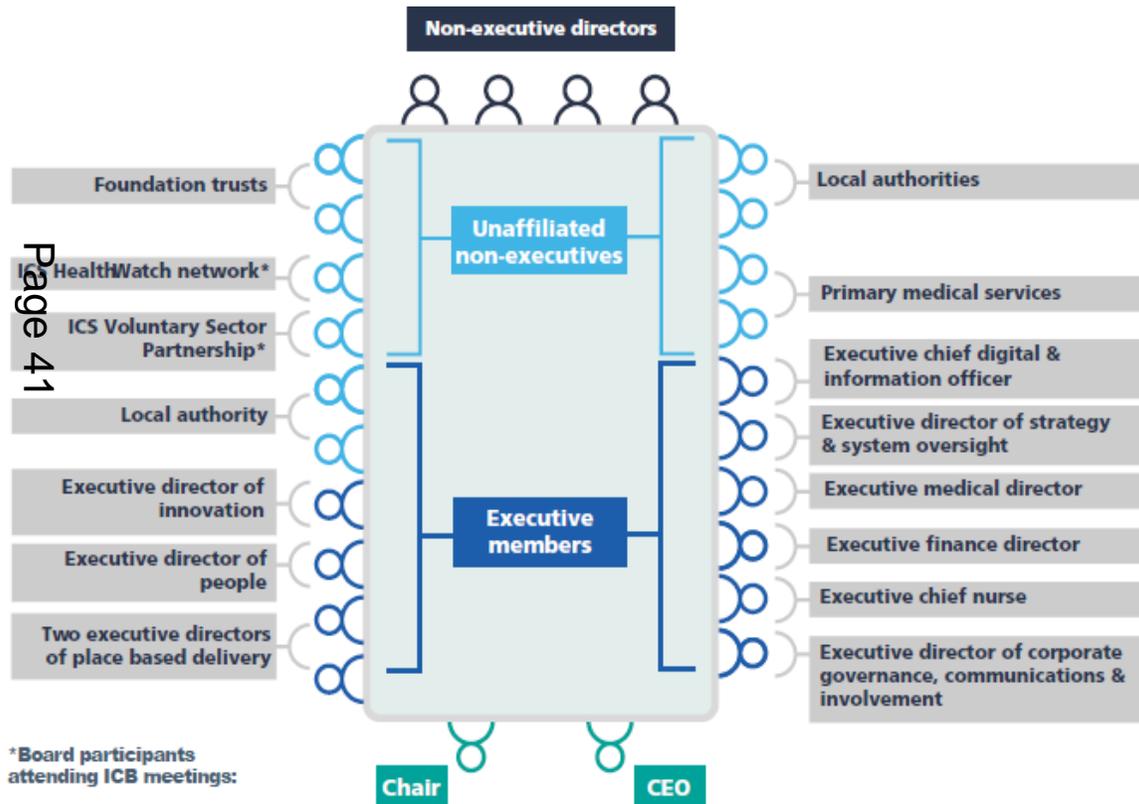
- **Dr Hannah Bows**
- **Prof Eileen Kaner**
- **Jon Rush**
- **David Stout OBE**

Participants

- ICS HealthWatch Network: **David Thompson** (Northumberland HealthWatch)
- ICS Voluntary Sector Partnership: **Jane Hartley**

Executive Directors

- Executive Medical Director – **Dr Neil O'Brien**
- Executive Finance Director – **Jon Connolly**
- Executive Chief Nurse – **David Purdue**
- Executive Director of People – **Annie Laverty**
- Executive Chief Digital and Information Officer – **Professor Graham Evans**
- Executive Director of Corporate Governance, Communications & Involvement – **Claire Riley**
- Executive Director of Innovation – **Aejaz Zahid**
- Executive Director of Strategy and System Oversight – **Jacqueline Myers**
- Executive Director of Placed Based Partnerships (Central & Tees Valley) – **Dave Gallagher**
- Executive Director of Placed Based Partnerships (North and North Cumbria) – **Mark Adams**



*Board participants attending ICB meetings:

National Guidance on the formation of ICPs

Expectations for ICPs are laid out in two key documents: [ICS design framework](#) (June 2021) and the [Integrated care partnership engagement document](#) (September 2021), which were developed by the Department for Health and Social Care (DHSC), NHS England and Improvement, and the Local Government Association (LGA).

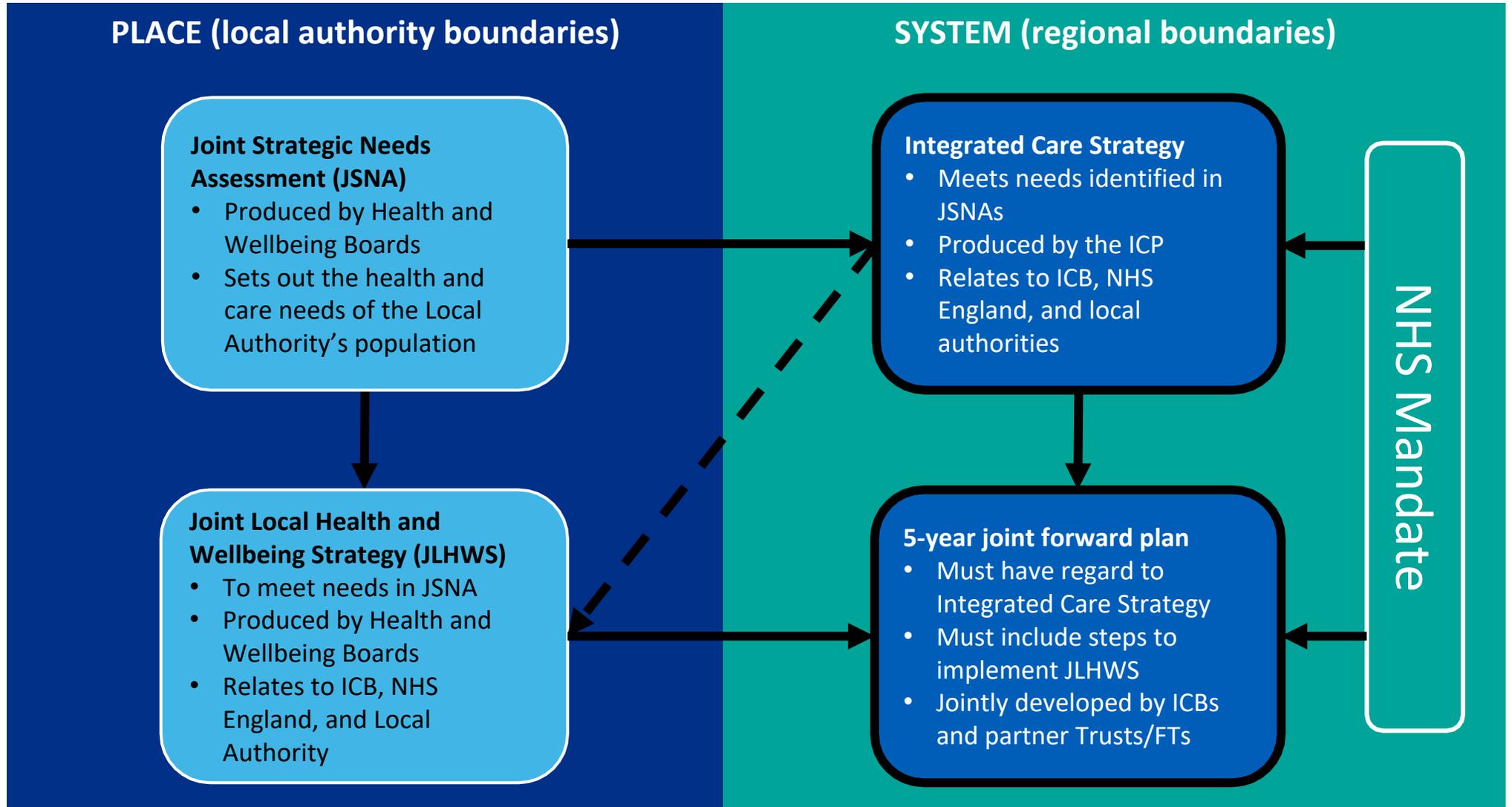
- **Purpose:** to align the ambition, purpose and strategies of partners across the system to integrated care and improve the health and wellbeing outcomes for their population
- **Structure:** a statutory committee, established by the NHS and local government as equal partners (NB the ICP is not a statutory body and does not take on functions from other parts of the system)
- **Governance:** local agreement is required on its terms of reference, membership, and administration
- **Operating model:** this is not prescribed. ICPs can develop the arrangements that work best for them, based on equal partnership across health and local government, subsidiarity, collaboration and flexibility.
- **Public Engagement:** expectation that use mechanisms to ensure our strategy is developed with those with lived experience of health and care services; and a multi agency Communications and Involvement Group is overseeing supported by colleagues in Healthwatch and the VCSE

Roles and Accountabilities of ICPs

Having regard to the NHS England Mandate and any guidance issued by the DHSC, ICPs must:

- Facilitate joint action to improve health and care services, reduce health inequalities and influence the wider determinants of health and broader social and economic development
- Develop an '**integrated care strategy**' for its whole population, which the ICB and local authorities must '**have regard to**' when making decisions, and commissioning or delivering services
- This strategy must use the best evidence and data, building up from local assessments of needs (JSNAs), and enable integration and innovation, including multi-agency workforce planning
- Champion inclusion and transparency
- Challenge all partners to demonstrate progress in reducing inequalities and improving outcomes
- Convene, influence and engage the public and communicate to stakeholders in clear and inclusive language, ensuring the system is connected to the needs of every community it includes,
- Promote service integration, through the use of Section 75 arrangements, including pooled funds

How the ICS strategies and plans link together



ICP Membership

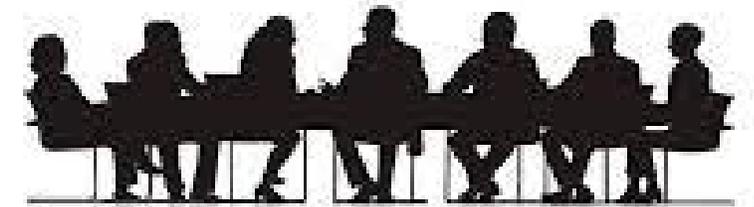
“A broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population.”

The following are required members:

- **Local authorities** who are responsible for social care services in the ICS area (with a duty to co-operate)
- **ICB representatives** (with a duty to co-operate)

Any other members should be agreed by the ICB, local government and other partners.

- Members are to act in the interests of the ICS population, not of the organisation to which they belong, and their sector knowledge should be used to inform decisions, not represent particular interests.
- Not all partners need be members of the ICP “and membership should be kept to a productive level” (sub-groups, networks and workshops can be used to draw in wider stakeholders)
- It is expected that membership may change as the priorities of the partnership evolve.



Proposed Membership of the Strategic ICP

Core Statutory members

Sector	Proposed member	members
ICB	All Executive directors, non-executive directors, partner members and participants	26
Local Authorities	Health and Wellbeing Board Chair (or appropriate Lead Member) Plus one lead officer	26/28
Total		52/54 (min)

Stakeholders who must be involved (not necessarily as full members)

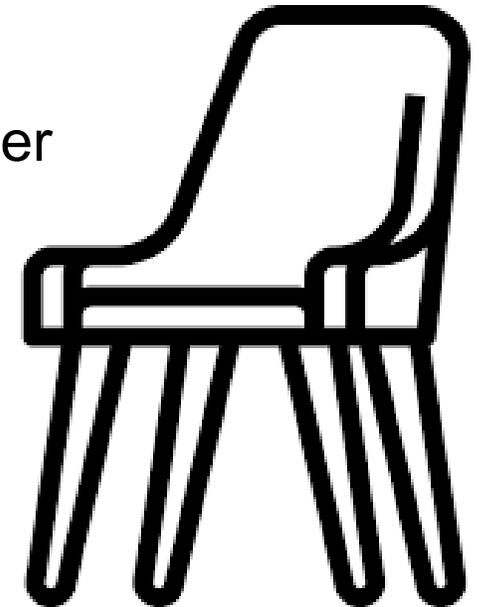
HealthWatch	Representatives from the ICS HealthWatch Network
VCSE Sector	Representative from the ICS VCSE Partnership or other VCSE providers
Clinical Leadership	Including primary, community and secondary care
Local Authority Social Care	Directors of Adult Social Services (ADASS) Directors of Children's Services (ADCS)
Local Authority Public Health	Directors of Public Health

Other optional members

Economic Regeneration	Combined Authorities or Local Authority Economic Regeneration Directors network
Combined Authorities	Managing Directors from Tees Valley and North of Tyne
Housing Sector	E.g. the North East Housing Consortium
Police	One or more reps from our four Police forces
Fire & Rescue	One or more reps from our five Fire and Rescue Services
Education sector	Representatives from the schools, FE and university sector

ICP chairing arrangements

- ICB and local authorities are to jointly select the ICP chair and define their role, term of office and accountabilities.
- The ICB and ICP chairs could be separate or the same –separate chairs may help democratic representation, while the same chair may help co-ordination
- Selection criteria for the ICP chair could include: able to build and foster strong relationships in the system, a collaborative leadership style, commitment to innovation and transformation, expertise in delivery of health and care outcomes, ability to influence and drive delivery and change.
- There is no prescribed appointment process or national policy on remuneration.



Proposed role of our Integrated Care Partnerships

1 Strategic ICP (North East and North Cumbria)	4 Area ICPs
<ul style="list-style-type: none"> • Would meet as an annual or biannual strategic forum • Membership comprising the ICB and all thirteen local authorities (plus other partners to be determined) 	<ul style="list-style-type: none"> • Based on existing geographical groupings • Would meet more frequently • Membership from ICB place teams, local authorities, foundation trusts, primary care networks
<ul style="list-style-type: none"> • Main role to sign off the ICS-wide Integrated Care Strategy • This strategy will build on the analysis of need from the four Area ICPs – and the Joint Strategy Development Group • Will promote a multi agency approach to improving population health and wellbeing and tackling the wider social and economic determinants of health for our 3M population • Will also consider health inequalities, experiences and access to health services at this same population level • Will champion initiatives involving the NHS’s contribution to large scale social and economic development 	<ul style="list-style-type: none"> • Key role in analysing & responding to need from each of its constituent places (using the HWBB-led JSNA process) • Developing relationships between professional, clinical, political and community leaders • A forum to agree shared objectives and joint challenges • Sharing intelligence & removing duplication to ensure the evolving needs of the local population are widely understood • Evaluating the effectiveness and accessibility of local care pathways • Translating local health and wellbeing strategies and the Integrated Care Strategy into activity at the ICS Area level

Possible Membership of the 4 Area ICPs

Sector	Proposed member
Intgerated Care Board	ICB Executive Director of Place-Based Delivery ICB Place directors, and Directors of Finance, Medical and Nursing
Local Authorities	Leaders/Lead Members from each LA Health and Wellbeing Board chairs Potentially one lead local authority chief executive
Foundation Trusts	Chairs and one or more Chief Executives from the Acute and Mental Health FTs in that Area.
Primary Care	Primary Care Network Clinical Leads
Voluntary Sector	Representatives from each local authority area (e.g., the local voluntary sector infrastructure organisation)

Questions and feedback

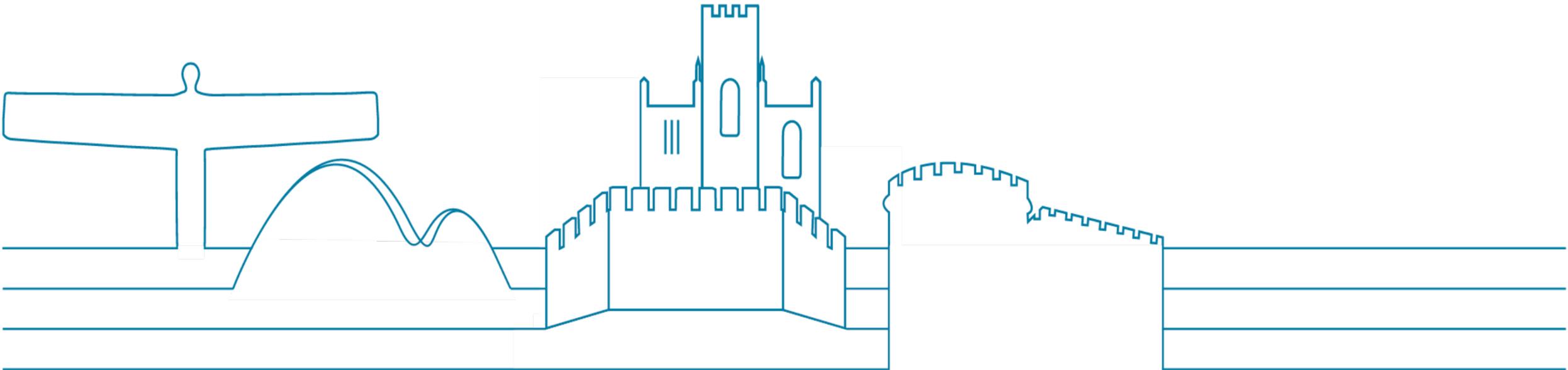
Key themes

- Clarity of the proposed operating model (roles for the Strategic ICP and 4 Area ICPs)

For those Strategic and Area ICPs:

- Views on any additional members from other key sectors
- Preferred chairing arrangements – e.g., an elected member

Next steps in implementation: ICP roadmap



Key next steps

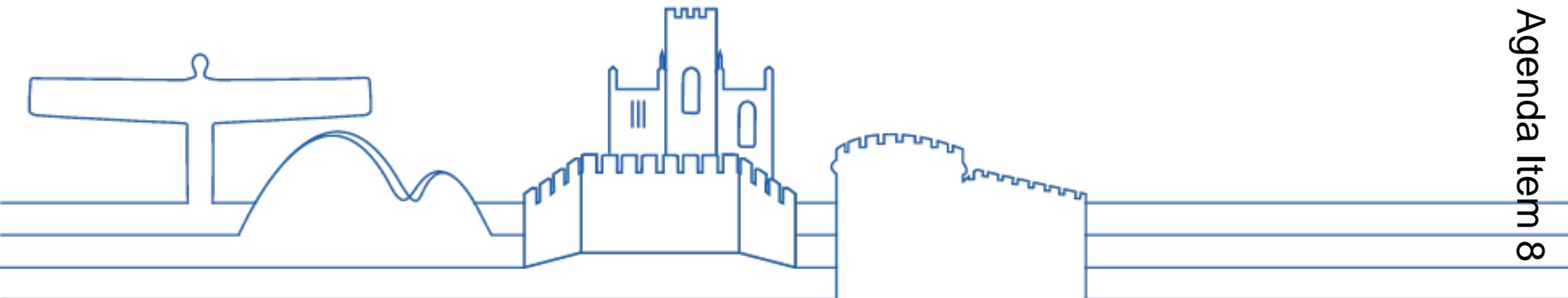
- Confirm arrangements between the statutory NHS and local authority partners as to how the ICP's secretariat will be resourced.
- Propose a second meeting of the ICP in December to approve the Integrated Care Strategy, then agree a regular schedule of meetings
- Agree a process for appointing an Integrated Care Partnership chair, with recommendations at our next meeting

Next steps on the development of Area ICPs

- The ICB's Executive Directors of Place Based Delivery, working with the local authority CEOs in their area, will convene their Area ICPs
- Following your feedback today we will share a standard TOR and suggested membership for these Area ICPs for local completion
- This will then be reviewed by each Health and Wellbeing Board in that Area, submitting comments back to the Exec Directors of Place
- Nominations for Area ICP chairs to be then sought
- First Area ICPs to meet in November (TBC), where chairing, TOR and meeting schedule will be agreed.
- This will then be ratified at the next Strategic ICP meeting in December (TBC)

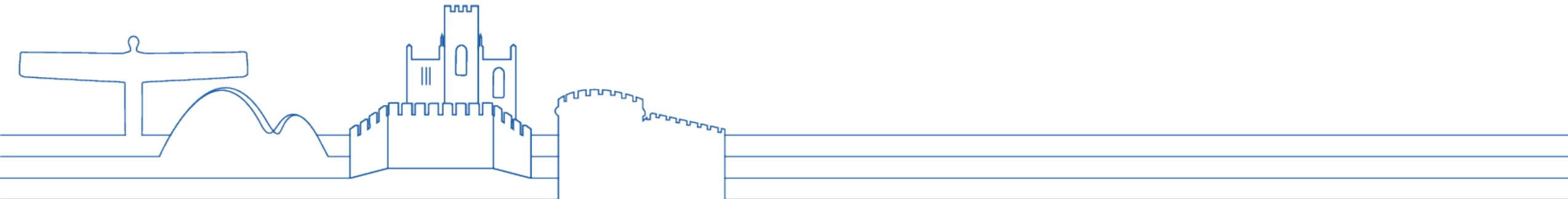
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South Tees Integrated Urgent Care Engagement Event



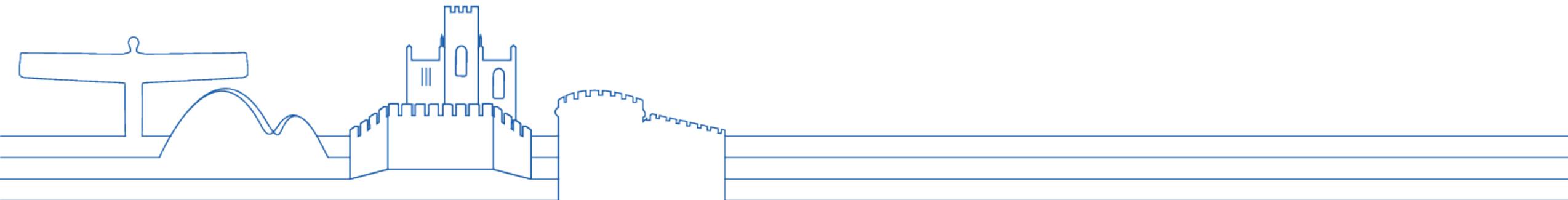
Housekeeping

- Fire alarm / nearest fire exits
- Toilets
- Hearing loop available
- Please can mobiles be turned to silent
- No planned breaks during the session



Participation

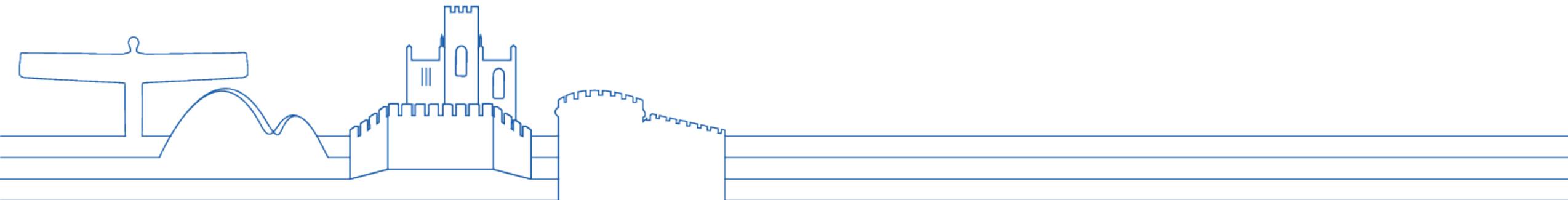
- The session will keep to time
- All views are welcome
- Please respect others' opinions and be respectful
- Please don't talk over other people
- A roving mic is available for the Questions & Answers
- Questions can be asked confidentially via staff
- Slides can be requested after the event (via staff)
- All questions and comments will be noted anonymously



Welcome

Today's event will include:

- Introduction and welcome
- Presentation on the engagement
- Table discussions
- Questions and answers
- Next steps



The Panel

Craig Blair

Director

North East & North Cumbria Integrated Care Board



North East and
North Cumbria

Andrew Rowlands

Head of Commissioning - Urgent Care

North East & North Cumbria Integrated Care Board



Dr Janet Walker

Medical Directorate (Tees Valley)

North East & North Cumbria Integrated Care Board



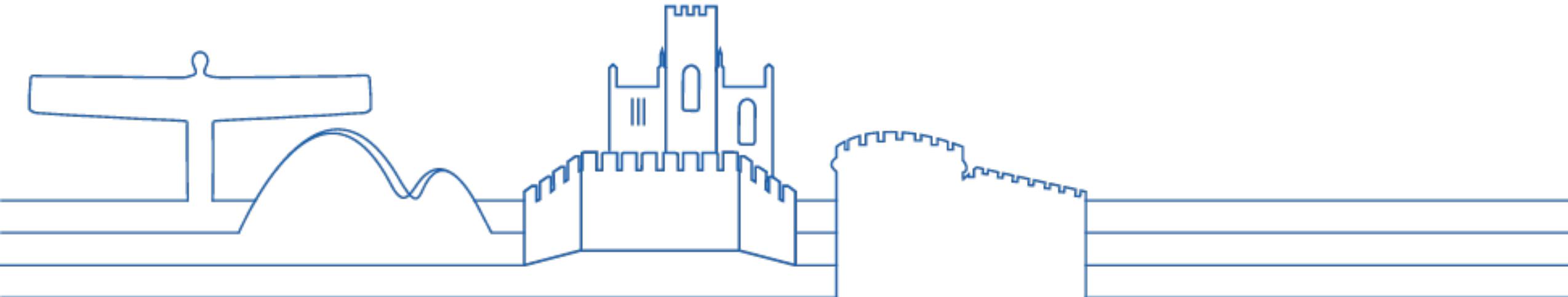
The purpose of today's session



**North East and
North Cumbria**

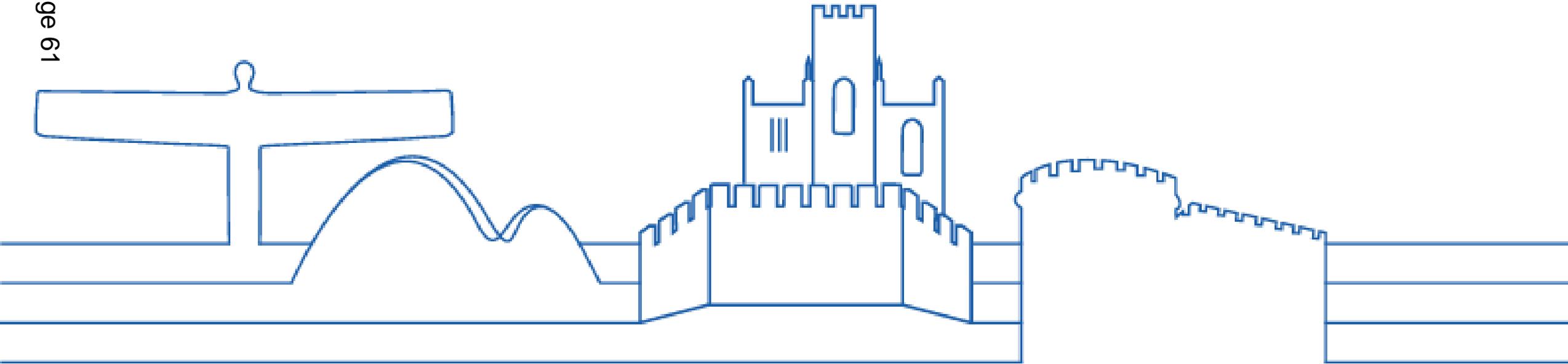
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This is the opportunity for you to have your say about the proposed new model of integrated urgent care service in Middlesbrough and Redcar



What is the current urgent care model?

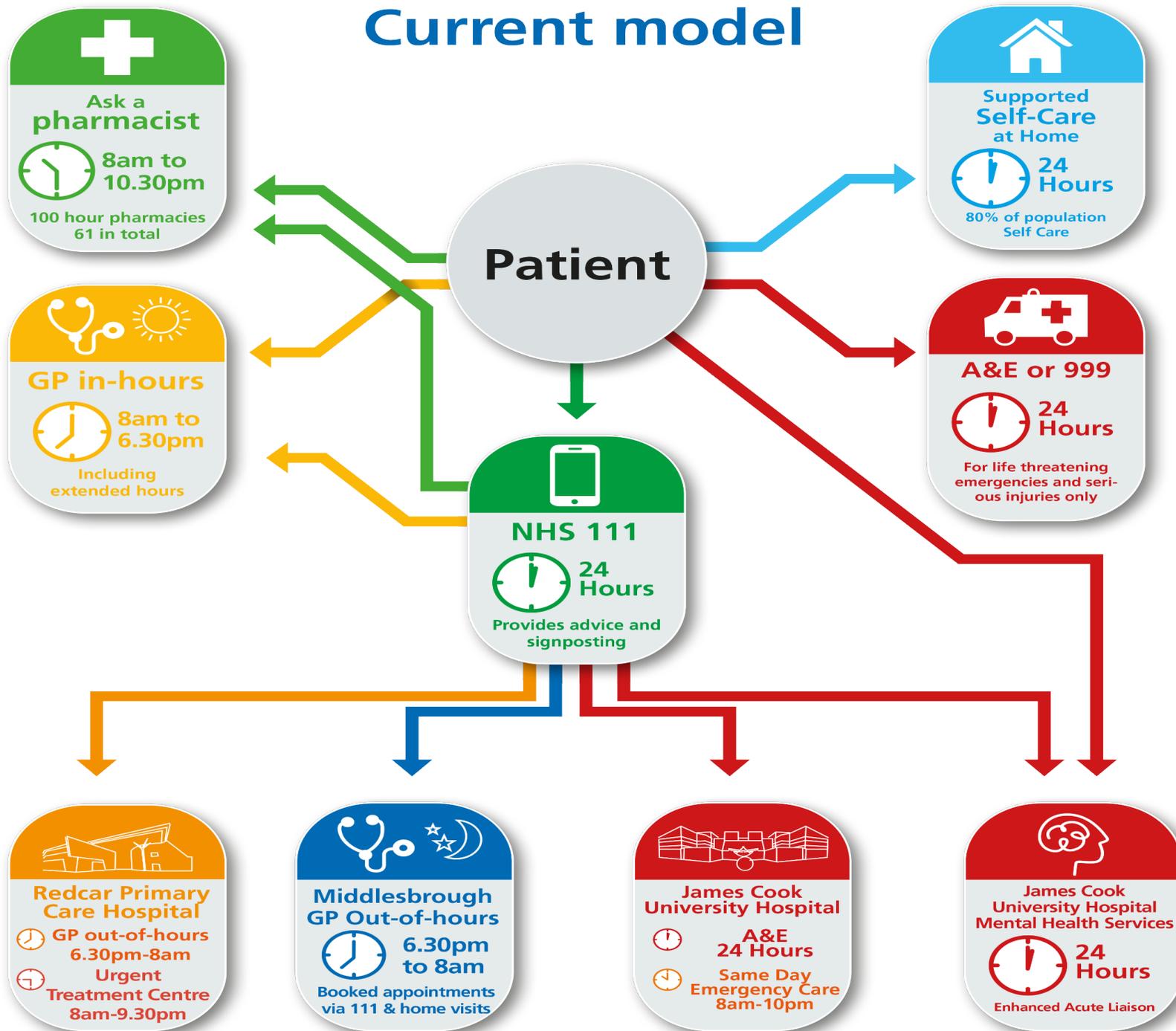
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Current model

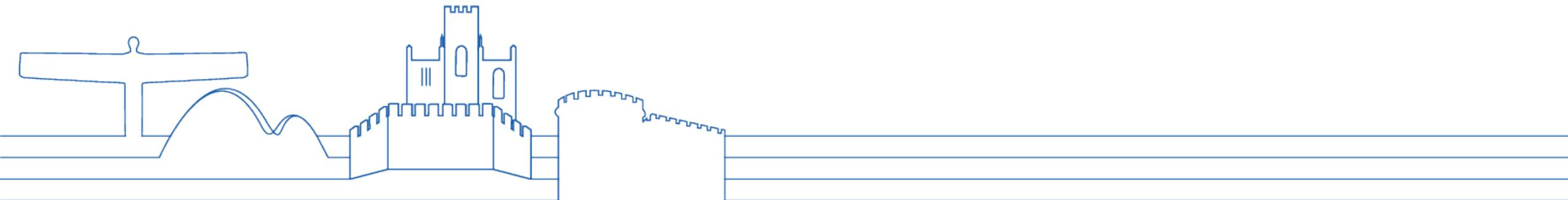


North East and
North Cumbria



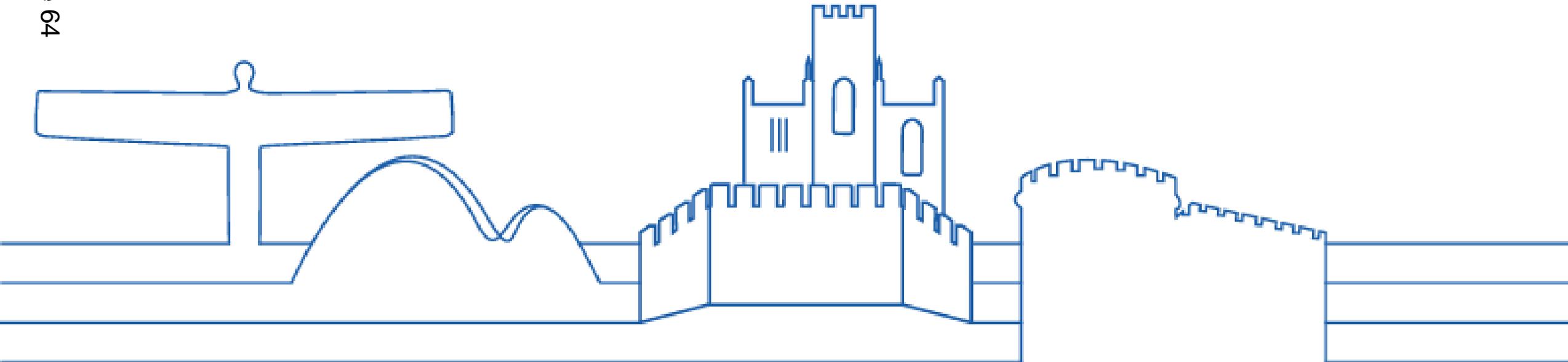
Why we need to change

- More people are accessing health services than in the past
- Patients are unsure where to go for urgent care services
- The services in Stockton, Hartlepool and Darlington are different to those in Middlesbrough and Redcar & Cleveland
- Dept of Health is encouraging local health providers to implement Integrated Urgent Care



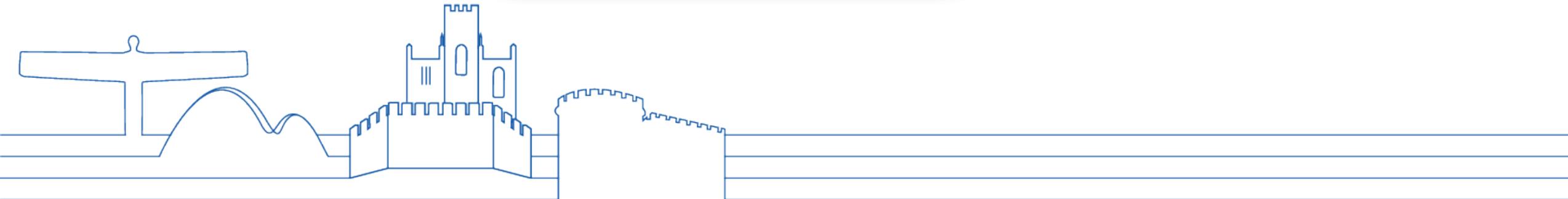
Proposed Integrated Urgent Care Model

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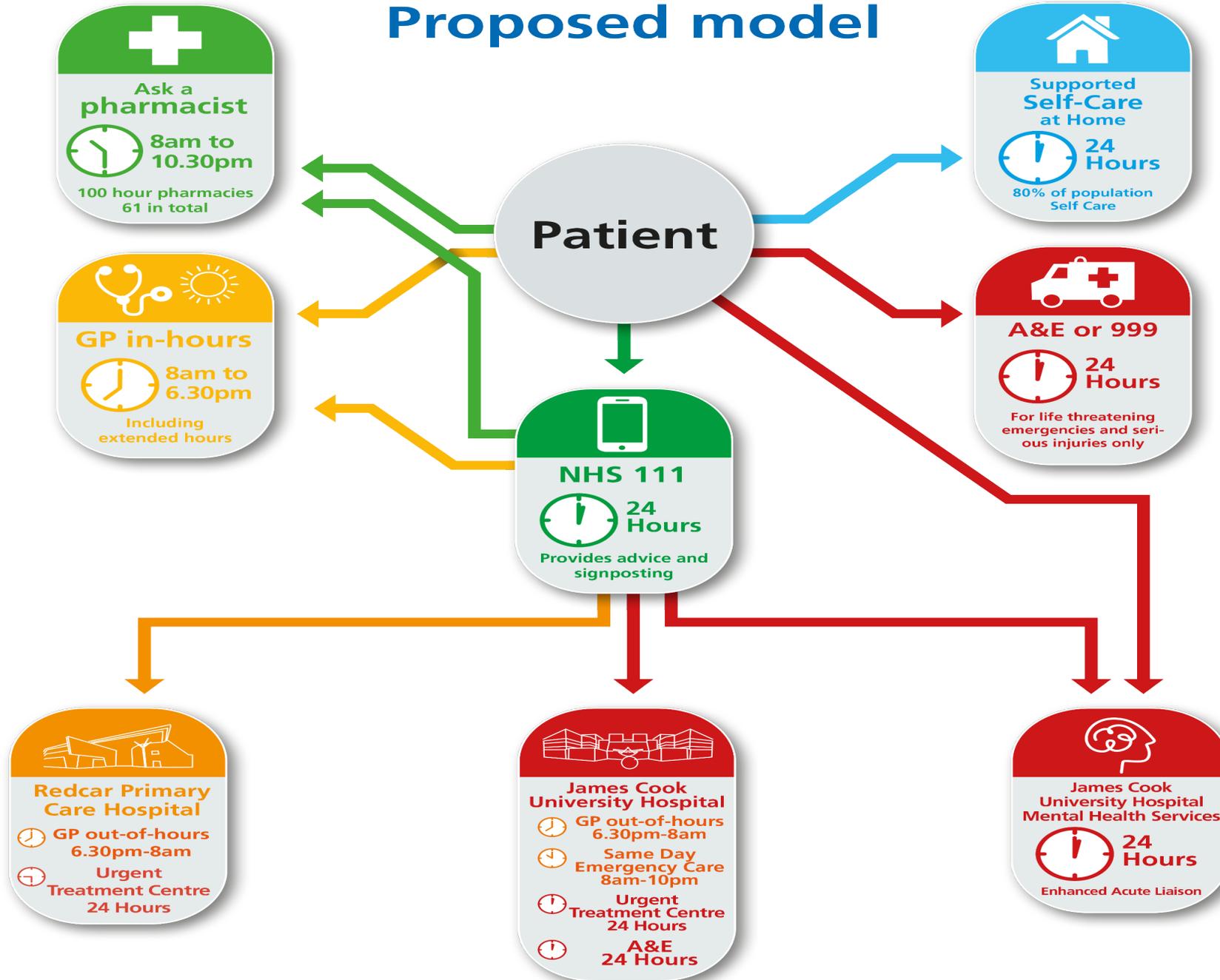


Who developed the proposal?

Groups of local Drs and Nurses who deliver Urgent Care services have worked together to develop the proposal

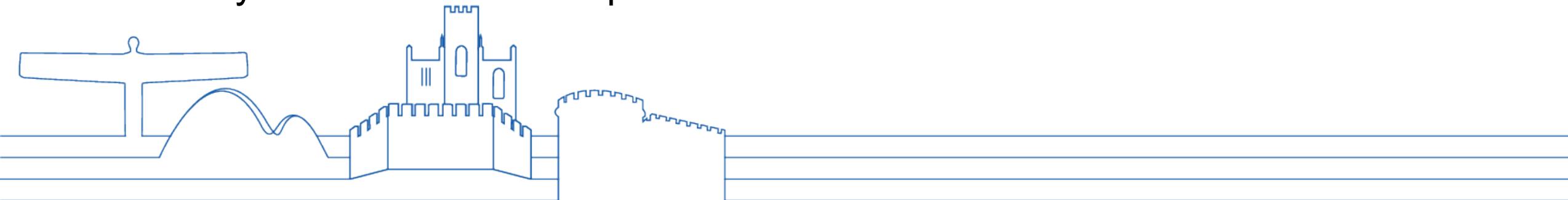


Proposed model



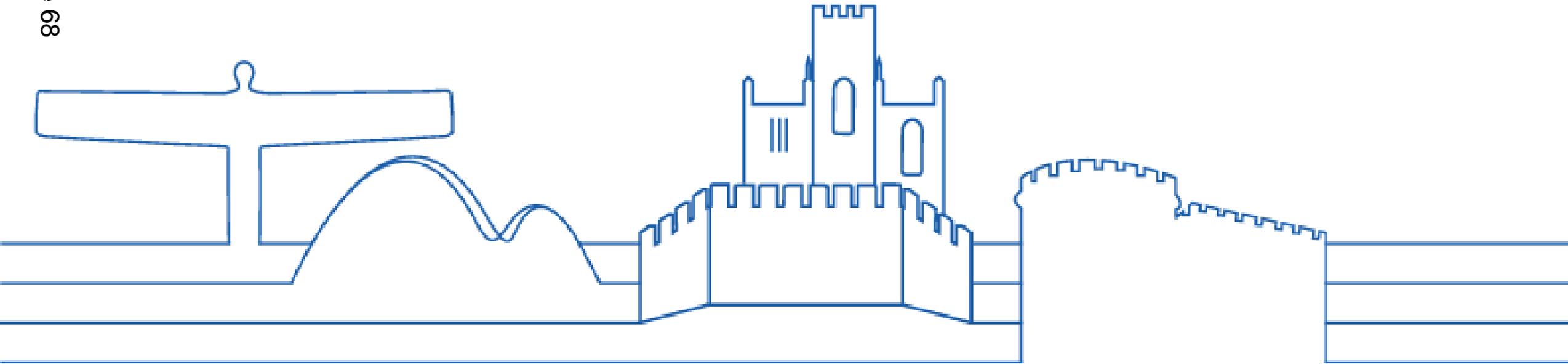
What will it mean for you and your family?

- You will have access to urgent care services when you need it by calling 111 – 24/7 365 days a year
- 111 will be able to offer you an appointment for your urgent care needs
- You will get the same urgent care services at Redcar Primary Care Hospital and James Cook Hospital 24/7 365 days a year
- A GP out of hours appointment in Middlesbrough will move from North Ormesby to James Cook Hospital



What are the benefits

Page 68



There will be an Urgent Care facility in Middlesbrough and Redcar, including GP Out of Hours

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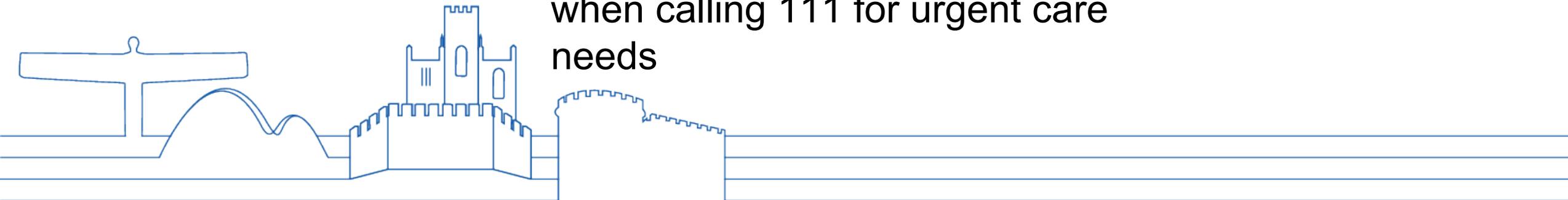
Dial 111 from a landline or mobile



Contact NHS 111 Online or use the NHS app



Appointments will be available when calling 111 for urgent care needs



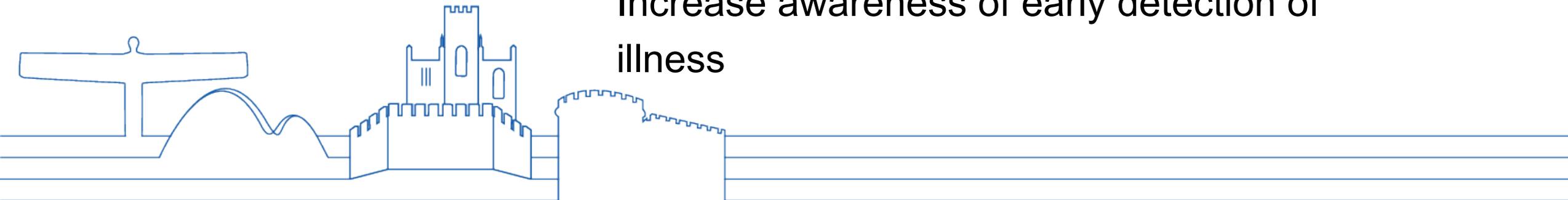
Patients will be seen in a timely manner by Drs and Nurses in the right place with the necessary equipment



Patients will only tell their story once!

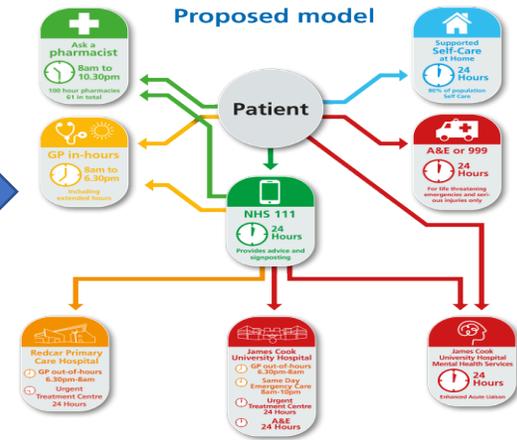


Increase awareness of early detection of illness

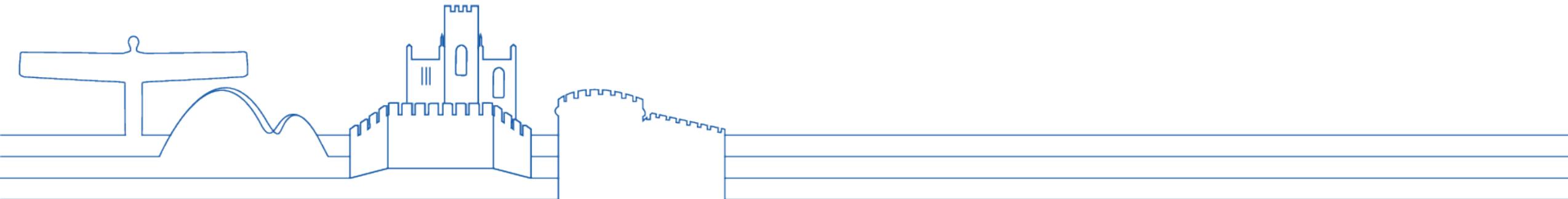


It will be clear how to access urgent care services

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Services will be joined up, seamless and co-ordinated



Communications Activities

Gazette advert

Have your say...

North East and North Cumbria

...on urgent care proposals in Middlesbrough and Redcar & Cleveland.

A new Urgent Treatment Centre (UTC) is being proposed at The James Cook University Hospital in Middlesbrough as part of a new set of urgent care proposals.

The UTC at Redcar Primary Care Hospital would also increase its opening hours to be open 24/7, 365 days a year.

The GP out of hours service for Redcar & Cleveland patients would remain at Redcar Primary Care Hospital.

The Middlesbrough GP out of hours service would move to The James Cook University Hospital site.

Have your say at a Public Event in September

Tues 20 Sept 3.00pm-5.00pm
The Trinity Centre, Holy Trinity Church, The Market Place, North Ormsby, Middlesbrough, TS3 6LD

Mon 26 Sept 9.30am-11.30am
The Parkway Social Club, Parkway Shopping Centre, Dalby Way, Coulby Newham, Middlesbrough, TS8 0TJ

Sat 24 Sept 1.30pm-3.30pm
The Trinity Centre, Holy Trinity Church, The Market Place, North Ormsby, Middlesbrough, TS3 6LD

Tues 27 Sept 6.00pm-8.00pm
Redcar and Cleveland College, Corporation Rd, Redcar, TS10 1EZ

To book a place, please visit iuc.eventbrite.com or scan the QR Code.

You can also book a place by emailing necsu.comms@nhs.net or via 01642 745401.

Have your say by completing a survey

Complete an online survey at necs.onlinesurveys.ac.uk/iuc by 9th October 2022 or request a paper copy on 01642 745401.

Paper copies of the survey and freepost reply envelopes are also available to collect from all Middlesbrough GP practices.

For more information, please visit necsvalley.icb.nhs.uk/iuc

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Adverts also appear on Tees Live website. Organic social media coverage across Facebook and Twitter. Posters displayed across GP practices in Middlesbrough, James Cook hospital and community venues.

Posters

Have your say...

North East and North Cumbria

...on urgent care proposals in Middlesbrough and Redcar & Cleveland.

The North East & North Cumbria Integrated Care Board are holding a series of public events during September 2022 to share with you their thoughts on how they could integrate urgent care services in South Tees. This would bring the area in line with other areas across the Tees Valley.

as moving the Middlesbrough GP out of hours service to The James Cook University Hospital site.

The UTC at Redcar Primary Care Hospital would also increase its opening hours to be open 24/7, 365 days a year. The GP out of hours service for Redcar & Cleveland patients would continue to be available at Redcar Primary Care Hospital.

The GP out of hours service for Redcar & Cleveland patients would remain at Redcar Primary Care Hospital.

The Middlesbrough GP out of hours service would move to The James Cook University Hospital site.

Attend a Public Event

Find out more about the proposals and share your feedback at one of the following public events.

Tues 6 Sept 2.30pm-4.30pm
Whala Hill Community Centre, Gouth and Road, Middlesbrough, TS6 8AW

Tues 20 Sept 3.00pm-5.00pm
The Trinity Centre, Holy Trinity Church, The Market Place, North Ormsby, Middlesbrough, TS3 6LD

Fri 9 Sept 9.30am-11.30am
Easter Side Community Hub and Library, Broughton Avenue, Middlesbrough, TS4 3PZ

Sat 24 Sept 1.30pm-3.30pm
The Trinity Centre, Holy Trinity Church, The Market Place, North Ormsby, Middlesbrough, TS3 6LD

Mon 12 Sept 3.30pm-5.30pm
Sunnyfield House, Westgate, Gulsborough, TS14 6BA

Mon 26 Sept 9.30am-11.30am
The Parkway Social Club, Parkway Shopping Centre, Dalby Way, Coulby Newham, Middlesbrough, TS8 0TJ

Thurs 15 Sept 6.00pm-8.00pm
The Old Rire Station, Middlesbrough Town Hall, Albert Rd, Middlesbrough, TS1 2QJ

Tues 27 Sept 6.00pm-8.00pm
Redcar and Cleveland College, Corporation Rd, Redcar, TS10 1EZ

To book a place, please visit iuc.eventbrite.com or scan the QR Code.

You can also book a place by emailing necsu.comms@nhs.net or via 01642 745401.

Complete a survey

You can also complete an online survey at necs.onlinesurveys.ac.uk/iuc or request a paper copy on 01642 745401.

The 10-week engagement period runs until Sunday 9 October 2022.

For more information, please visit necsvalley.icb.nhs.uk/iuc

Paper copies of the survey and freepost reply envelopes are also available to collect from all Middlesbrough GP practices.

Facebook advert

NHS Tees Valley
11 August at 11:16 · 🌐

A proposal by the newly established NHS Integrated Care Board (ICB) would see a new Integrated Urgent Care Centre open at James Cook University Hospital, and Redcar's existing centre would extend its opening hours to 24/7 all year round.

To find out more visit- 📍 <https://necsvalley.icb.nhs.uk/integrated-urgent.../>

To attend an engagement event 📍 <http://iuc.eventbrite.com/>

To take part in our survey, see 📍 <https://necs.onlinesurveys.ac.uk/iuc>

👍❤️ 337 66 comments 62 shares

👍 Like 💬 Comment ➦ Share

Table Exercise

- 50 Minutes to explore 5 questions and any other questions you may want to ask
- There will be a facilitator and scribe on each table
- Chance to feedback and ask any questions

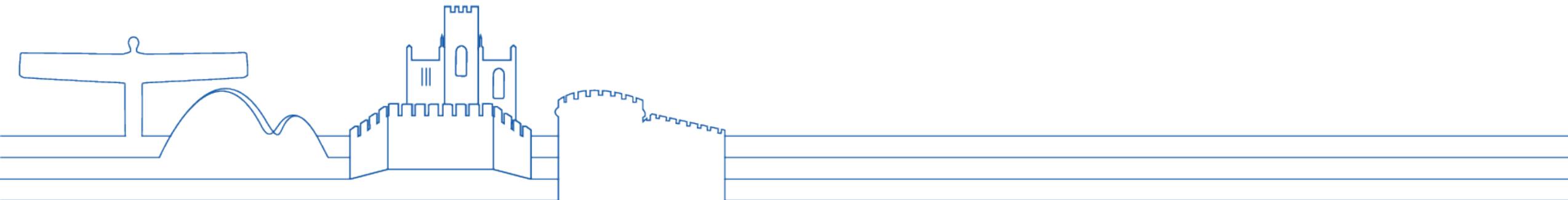


Table Exercise

Q1

Have you accessed urgent treatment out of hours?

Q3

Did you know can book an urgent appointment out of hours via NHS 111?

Q5

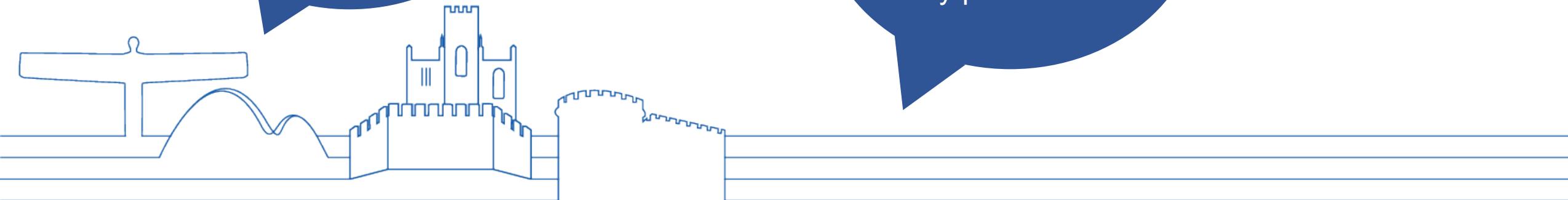
Do you support the proposal to integrate urgent care services in Middlesbrough and extend Redcar to 24/7?

Q2

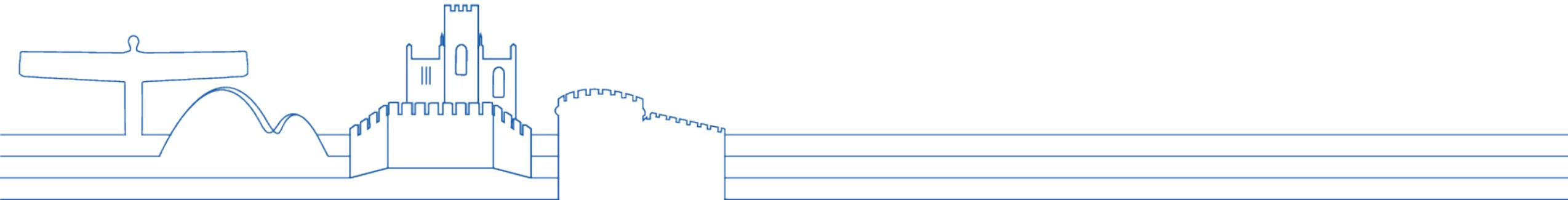
Did you find it easy to access urgent treatment out of hours?

Q4

Would relocating the GP Out of Hours service from North Ormesby to James Cook cause you any problems?

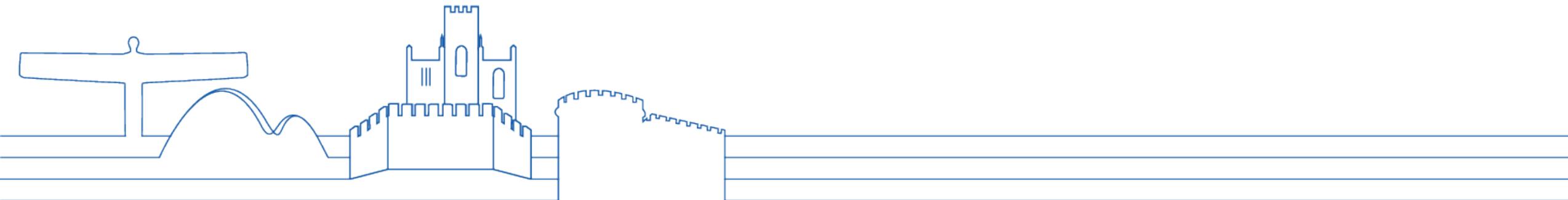


Any Questions?



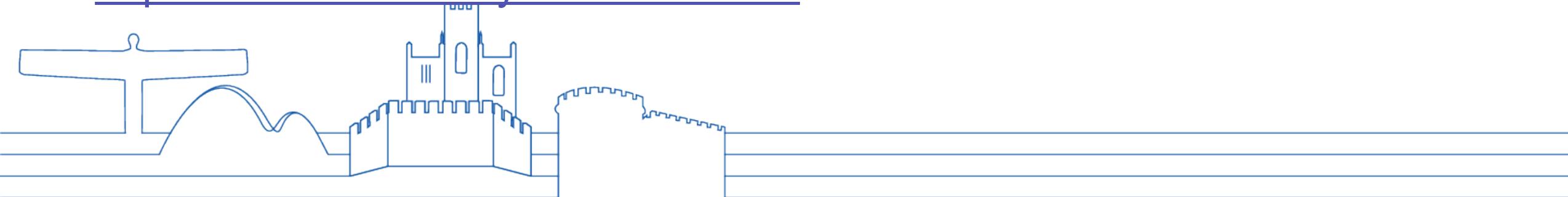
What happens next?

- We will continue conversations with stakeholders during the engagement period
- The feedback will be analysed and a report will be produced which will be made public
- The ICB will then update patients and stakeholders on the recommendations and the outcome of the engagement
- No decision has been made or will be made regarding the proposed new model for Tees Valley prior to further engagement and consultation, if required
- Decisions will be made through governance arrangements and committee structures as defined by the ICB



How you can get involved

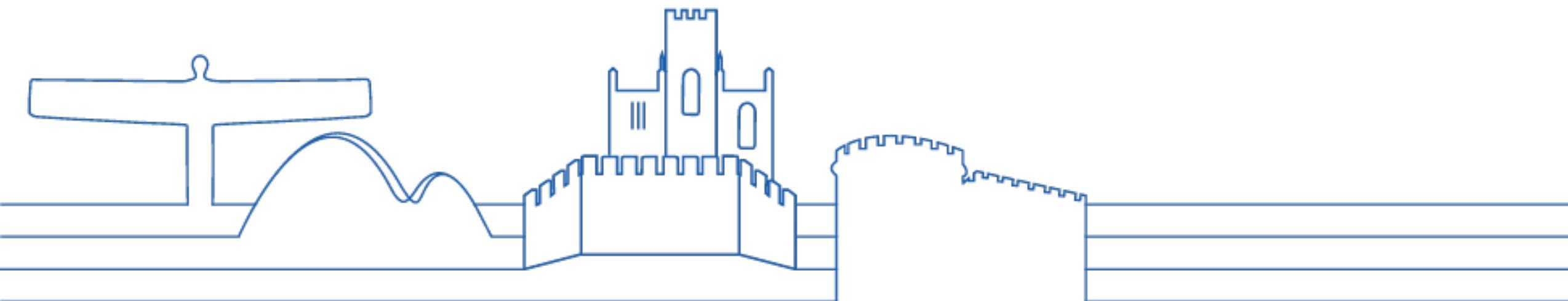
- If you would like to complete the online version the link is <https://necs.onlinesurveys.ac.uk/iuc>
- Paper copies can be requested from any GP Practice in Middlesbrough or by contacting necsu.comms@nhs.net
- To register to attend an event: <http://iuc.eventbrite.com/>
- For further information visit our web page <https://nenc-teesvalley.icb.nhs.uk/iuc/>





**North East and
North Cumbria**

Thank you



Stakeholder Briefing

Wednesday 3 August 2022

Integrated Urgent Care in Middlesbrough and Redcar & Cleveland

A new model of urgent care delivery is being proposed for the populations of Middlesbrough and Redcar & Cleveland which would see the opening of a new Integrated Urgent Treatment Centre (UTC) at The James Cook University Hospital, and increased opening hours at Redcar Primary Care Hospital, providing 24/7 access to urgent care for all residents of South Tees and the wider Tees Valley.

Integrated Urgent Care (IUC) is currently in place across the other boroughs within the Tees Valley, with UTCs at Darlington Memorial Hospital, the University Hospital of North Tees, the University Hospital of Hartlepool and Redcar Primary Care Hospital. The Redcar UTC is currently open from 8am to 9.30pm and under the new proposals this would see access increased to 24/7 opening, 365 days a year.

The new model will include home visiting, GP Out of Hours, and management of minor injuries and illness, with 24/7 access across all sites. The aim is to provide the right care at the right place, first time, minimising disruption and frustration for patients and improving efficiency and quality of outcomes whilst reducing the time to access Urgent Care services.

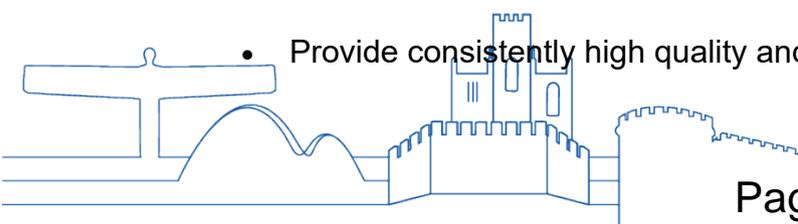
Proposals will see a standardised offer, so that wherever a patient lives in Tees Valley, they will have the same access to the same high standard of urgent care around the clock, accessible via NHS111. The proposals would also see the relocation of the GP Out of Hours service from North Ormesby Health Village to The James Cook University Hospital site.

In order to progress plans, the North East and North Cumbria Integrated Care Board (NENC ICB) is carrying out a **10-week period of engagement with patients/carers and stakeholders in Tees Valley, which will run until Sunday 9 October 2022.**

Co-locating GP Out of Hours services as part of an integrated urgent and emergency care service, has been shown to support the delivery of safe and effective care as well as significantly improving patient experience. The integration of primary and secondary care services on acute hospital sites can help to reduce emergency attendances and demand on the system for urgent care services.

The benefits of this proposed new model are:

- Provide consistently high quality and safe care 24/7, 365 days a year



- Provide the right care, at the right time, in the right place by those with the right skills
- Deliver care closer to home where appropriate and safe to do so
- Ensure services are joined up, seamless and co-ordinated with no loss of current services
- Avoid confusion for patients on what to do, who to call and where to go
- Provide services which are safe, responsive and high quality with better continuity of care
- Direct patients to NHS 111 as the initial point of access for advice and triage
- Increase awareness of early detection of illness and options for self-care

Have your say

The NENC ICB is keen to understand what patients, carers and stakeholders think about the current model of care, what works well, what doesn't and what they need to consider with the proposed model.

Complete a survey:

Patients living in Tees Valley are invited to share their feedback by completing a survey before midnight on Sunday 9 October 2022:

<https://necs.onlinesurveys.ac.uk/iuc>

The survey is being promoted across local print and digital media and through social media, and via posters. Paper copies of the survey and freepost reply envelopes are also available at all Middlesbrough GP practices. Written submissions of feedback can be emailed to necsu.comms@nhs.net.

This engagement activity will help to inform the development of proposals to ensure services are developed to best meet the needs of the local population. A full engagement report will be produced at the end of the engagement activity, and this will be used to inform and support next steps.

Seeking the views of the wider community:

In addition to the survey, the NENC ICB will commission voluntary sector partners to conduct facilitated feedback sessions with people from groups with protected characteristics to help us consider the likely impact of any potential changes on local people.

Further information:

Please visit our web page for more information <https://nenc-teesvalley.icb.nhs.uk/iuc/>

Events:

We are planning a series of local events in September 2022 where patients/carers and stakeholders can also share feedback. Dates for these events will be shared on the web page above in the next few days and promoted across local media.

For more information, please email necsu.comms@nhs.net.

Objective

This briefing paper has been prepared for Tees Valley Joint Health Scrutiny Committee (TVJHSC), on behalf of Sarah Burns, Joint Head of Integrated Strategic Commissioning, NHS North East & North Cumbria Integrated Care Board (County Durham) and Felicity White Associate Director of Operations, County Durham and Darlington NHS Foundation Trust (CDDFT).

Aim

The briefing paper aims to inform TVJHSC of the national and regional situation with Paediatric Ophthalmology Services and the situation with our local service at County Durham and Darlington NHS Foundation Trust (CDDFT).

Background and introduction

Hospital eye services are overstretched, due to a combination of an ageing population, new treatment availability and guidelines, and a shortage of sub-specialty Consultants for example glaucoma, medical retina, and paediatric. Nationally Ophthalmology is recognised as the busiest outpatient attendance by specialty and accounts for 8% of the 94 million hospital out-patient attendances.¹

County Durham Commissioners and CDDFT have worked collaboratively for several years to introduce community optometry services to relieve pressures on overstretched clinics to allow Consultants and the wider team to manage those patients with more complex eye conditions.

Consultant Paediatric Ophthalmologists head up a multi-disciplinary team of clinicians to look after eye conditions in babies, infants and children. The main risk areas being prevention of sight loss at birth, retinopathy of prematurity and prevention of amblyopia (lazy eye).

There is a national shortage of Paediatric Ophthalmologists and limited expressed interest regionally, from the current trainee cohort. Service provision has been critically affected in the last 2 years, following the retirement of 2 Paediatric Ophthalmologists and the scaling back of another Paediatric Ophthalmologist, from the 7 across the region.

The Ophthalmology service explored all options to manage the situation including private providers, however, reached the stage at the end of May 2022 where they were no longer able to safely accept routine referrals to the Paediatric sub-speciality of ophthalmology and therefore suspended routine referrals to Electronic Referral System (ERS) from 1st June 2022.

All children under the care of Paediatric Ophthalmology services at CDDFT have continued to have their care delivered as planned. CDDFT have an arrangement in place with regional hospitals to support children undergoing treatment.

A small number of children required transferring to another hospital for specialist Consultant Paediatric Ophthalmology input. Discussions have taken place with the parent/carer to transfer to the most convenient hospital for them and their family. Information around transport arrangements and how to claim back additional travel costs has also been shared.

¹ GIRFT Programme National Specialty Report (2019)
www.GettingItRightFirstTime.co.uk

From 1st June 2022 children requiring a routine referral to Paediatric Ophthalmology have been referred to South Tyneside & Sunderland NHS Foundation Trust, Newcastle-Upon-Tyne NHS Foundation Trust or South Tees NHS Foundation Trust. Communications outlining the change in referral process have been shared with GP Practices, Health Visitors and Local Optical Committee's (LOCS).

Current situation

CDDFT appreciate the support of all our partners in ensuring Paediatric ophthalmology patients receive care whilst CDDFT service is temporary suspended. Whilst the initial term discussed was around 6 to 18 months, following a successful recruitment programme this now looks realistic to reopen from January/ February 23. We will aim to confirm with clarity by the end of November.

NHS North East & North Cumbria Integrated Care Board (County Durham)
County Durham & Darlington NHS Foundation Trust

**TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE
23 SEPTEMBER 2022**

WORK PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. To consider and agree the Committee's work programme for 2022/2023 and to agree the future meeting dates for the Tees Valley Joint Health Scrutiny Committee.

Summary

2. The Committee is required to agree its work programme annually and in doing so consider matters that are of a Tees Valley and sub-regional nature.
3. A number of issues have been introduced to the Committee's agenda as standing items. These include monitoring of the performance of the North East Ambulance Service and the consideration of the Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account, enabling the Committee to provide a view on behalf of the Tees Valley area.
4. A suggested work programme is set out at Appendix 1, Members are asked to consider allocating suggested items to the appropriate meetings. In addition to those topics set out, Members may wish to suggest additional, or alternative, work programme topics and should also bear in mind the Committee may need capacity to deal with any emerging issues during the year (for example, proposals for NHS service change).
5. Work programmes of constituent Local Authority Health Scrutiny Committees are attached at Appendix 2, to enable Members to share best practice, identify common themes, and avoid duplication.
6. The protocol provides for meetings of the Tees Valley Joint Health Scrutiny Committee on a quarterly basis. These can be supplemented with additional meetings if required. The proposed meeting dates for remainder of the 2022/2023 Municipal Year are:
 - 16 December 2022
 - 17 March 2023

Recommendation

7. It is recommended that :-
 - (a) Members consider and agree the proposed work programme for the Joint Committee for 2022/2023.

- (b) Members agree the proposed meeting dates for remainder of the 2022/2023 Municipal Year.

Luke Swinhoe
Assistant Director Law and Governance

Background Papers

No Background papers were used in the preparation of this report.

Author : Hannah Miller 405801

Meeting Date	Work programme topic
8 June 2022	<ul style="list-style-type: none"> • Appointment of Chair and Vice Chair • Tees Valley Health Scrutiny Joint Committee – Protocol • Work Programme/Meeting timetable • Tees, Esk and Wear Valley NHS Foundation Trust Quality Accounts 2021/2022 • Tees, Esk and Wear Valley NHS Foundation Trust - CQC Inspection Update
23 September 2022	<ul style="list-style-type: none"> • North East and North Cumbria Integrated Care Board and System implementation • Urgent and Emergency Care Access • Paediatric ophthalmology services • Clinical Journey and Quality Journey - TEWV
16 December 2022	<ul style="list-style-type: none"> • North East Ambulance Service (NEAS) Performance Update • TEWV Quality Accounts – Q1 Update
17 March 2023	<ul style="list-style-type: none"> • Tees Valley Clinical Services Strategy • TEWV Quality Accounts

To be programmed:

- Community Diagnostics Centres
- Opioid prescribing and dependency across the Tees Valley
- Vaccination (Covid) response at an 'above organisation' level
- Palliative and End of Life Care strategy development and implementation
- Breast symptomatic services
- Physical Restraints
- Dental Services
- Primary Care Access
- CAMHS Update

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DARLINGTON HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Better Care Fund	2 November 2022 Last considered 31 August 2022	Paul Neil		To receive an update on the position of the Better Care Fund for Darlington.
Darlington Health Profile	2 November 2022	Penny Spring		Annual report
Drug and Alcohol Service Contract – We Are With You Site visit afterwards	2 November 2022 Last considered 27 April 2022	Mark Harrison/Jon Murray		To update Scrutiny Members undertake any further work if necessary.
Housing Services Fire Safety Policy	2 November 2022	Anthony Sandys		To seek Scrutiny Members views prior to Cabinet.
Low Cost Home Ownership Policy	14 December 2022	Anthony Sandys		To seek Scrutiny Members views prior to Cabinet.
CAMHS update	14 December 2022 Last considered 29 June 2022	Jennifer Illingworth		To update Scrutiny Members undertake any further work if necessary.
Community Mental Health Transformation	14 December 2022 Last considered 2 February 2022	Jo Murray/Maxine Crutwell, TEWV		To receive a briefing and undertake any further detailed work if necessary.

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Performance Management and Regulation/ Management of Change Regular Performance Reports to be Programmed	Q2 14 December 2022	Relevant AD	Full PMF suite of indicators	To receive biannual monitoring reports and undertake any further detailed work into particular outcomes if necessary
Preventing Homelessness and Rough Sleeping Strategy Update	14 December 2022 Last considered 20 October 2021	Anthony Sandys		To look at progress following the implementation of the strategy. Update on current position within Darlington
Healthwatch Darlington - The Annual Report of Healthwatch Darlington	14 December 2022 Last considered 20 October 2021	Michelle Thompson, HWD		To scrutinise and monitor the service provided by Healthwatch – Annual
Primary Care (to include GP Access to appointments)	8 February 2023 Last considered 2 February 2022	Emma Joyeux CCG/Amanda Riley		To scrutinise development around Primary Care Network and GP work
Director of Public Health Annual Report	8 February 2023	Penny Spring		Annual report
Dental Services	8 February 2023 Last considered 31 August 2022	Pauline Fletcher, NHS England		To update Scrutiny Members undertake any further work if necessary.

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Customer Engagement Strategy 2021-2024 Update (Presentation)	8 February 2023 Last considered 31 August 2022	Anthony Sandys		To provide six monthly progress reports to Scrutiny. To look at work being done within communities and how the Customer Panel engage with new communities.
Strategic Housing Needs Assessment	To be agreed	Anthony Sandys		
Integrated Care System (ICS)	To be agreed Last considered 23 February 2022	Simon Clayton, NECS/ David Gallagher, CCG		To scrutinise and challenge progress of the principles underpinning the ICS and BHP and timelines for progress.
Health and Safety Compliance in Council Housing	June/July 2023 Last considered 29 June 2022	Anthony Sandys		To provide annual updates to Scrutiny Members undertake any further work if necessary.
Housing Services Anti-Social Behaviour Policy – Update	June/July 2023 Last considered 29 June 2022	Anthony Sandys		To provide annual updates to Scrutiny Members undertake any further work if necessary.

JOINT COMMITTEE WORKING – ADULTS SCRUTINY COMMITTEE

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Loneliness and Connected Communities Adults Scrutiny to Lead	Scoping meeting 28 January 2020 Meeting on 5 October 2020 Meeting on 15 December 2020			
Care Homes in Special Measures Adults Scrutiny to Lead	TBC			

MEMBERS BRIEFINGS

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
<p>CQC Ratings in the Borough of Darlington</p>	<p>October 2022</p> <p>Scoping Meeting held 18 November 2019</p> <p>Briefing note circulated 21 October 2020</p> <p>Briefing note circulated October 2021</p>			<p>To monitor and evaluate CQC scoring across the Borough for health and care settings.</p>

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Adult Social Care and Health Select Committee – Work Programme 2022-2023

Date (4.00pm unless stated)	Topic	Attendance
12 April	Review of Day Opportunities for Adults <ul style="list-style-type: none"> • (Draft) Final Report Monitoring: Progress Update – Hospital Discharge (Phase 2) Regional Health Scrutiny Update Review of Care at Home <ul style="list-style-type: none"> • Background Briefing • Scope and Project Plan 	Cllr Ann McCoy / Ann Workman Gavin Swankie / NHS Trusts / Five Lamps Emma Champley / Martin Skipsey
10 May	Monitoring: Progress Update – Multi-Agency Support to Care Homes during the COVID-19 Pandemic (T&F) Review of Care at Home <ul style="list-style-type: none"> • Local Authority CQC Quarterly Update – Q4 2021-2022 PAMMS Annual Report (Care Homes) Minutes of the Health and Wellbeing Board (February & March 2022)	Emma Champley Martin Skipsey Darren Boyd Martin Skipsey / Darren Boyd
14 June	Monitoring: Progress Update – Care Homes for Older People Monitoring: Action Plan – Day Opportunities for Adults Review of Care at Home <ul style="list-style-type: none"> • Five Lamps • PPL • Creative Support • Past provider consultation feedback 	Rob Papworth Peter Otter Pam Rodgers Asfana Ali Jennifer Pearson / Gail Dawson / Michelle Marlborough Martin Skipsey
12 July	CANCELLED	
13 September	Review of Care at Home <ul style="list-style-type: none"> • Service-Users / Families / Carers <ul style="list-style-type: none"> ○ Provider Engagement ○ PAMMS Assessments Feedback ○ Committee Survey Feedback CQC Quarterly Update – Q1 2022-2023 Regional Health Scrutiny Update	Jacqui Warrior / Laura Wilson

Adult Social Care and Health Select Committee – Work Programme 2022-2023

Date (4.00pm unless stated)	Topic	Attendance
	Minutes of the Health and Wellbeing Board (April, May & June 2022)	
11 October	Healthwatch Annual Report 2021-2022 Monitoring: Progress Update – Hospital Discharge (Phase 2) Review of Care at Home <ul style="list-style-type: none"> TBC 	Jennie Metcalfe Gavin Swankie / NHS Trusts (TBC) TBC
22 November	CQC Quarterly Update – Q2 2022-2023	TBC
22 November (informal - after formal meeting)	Review of Care at Home <ul style="list-style-type: none"> Summary of Evidence / Draft Recommendations 	Martin Skipsey
20 December	Review of Care at Home <ul style="list-style-type: none"> (Draft) Final Report CQC State of Care Annual Report 2021-2022 (TBC)	Cllr Ann McCoy / Ann Workman TBC
17 January	Teeswide Safeguarding Adults Board – Annual Report 2021-2022 (TBC)	TBC
21 February	CQC Quarterly Update – Q3 2022-2023	TBC
21 March	North Tees and Hartlepool NHS Foundation Trust Quality Account (TBC)	TBC

Remaining 2022-2023 Scrutiny Reviews

- Access to GP and Primary Care

Monitoring Items

- Care Homes for Older People (Progress Update) – TBC
- Hospital Discharge (Phase 2) (Progress Update) – Oct 22
- Multi-Agency Support to Care Homes during the COVID-19 Pandemic (T&F) (Progress Update) – TBC
- Day Opportunities for Adults (Progress Update) – TBC

Performance and Quality of Care (standing Items)

- Annual Reports
- Overview of Adult and Public Health Services
- Director of Public Health's Annual Report
- Teeswide Safeguarding Adults Board Annual Report
- Care Quality Commission Update
- North Tees and Hartlepool NHS Foundation Trust Quality Account
- Healthwatch Stockton-on-Tees Annual Report

Adult Social Care and Health Select Committee – Work Programme 2022-2023

Regular Reports

- 6-monthly Adult Care Performance Reports (including complaints/commendations) (new format tbc)
- 6-monthly Public Health Performance Reports (new format tbc)
- Regional and Tees Valley Health Scrutiny Updates
- Quarterly CQC Inspection Updates
- Health and Wellbeing Board Minutes
- Quality Standards Framework (QSF) for Adult Services (new format tbc)

Other Reports (as required)

- Healthwatch Enter and View Reports
- CQC Inspection Reports (by email / by exception at Committee)

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