

Tees Valley Joint Health Scrutiny Committee

MINUTES AND DECISION RECORD

9 January 2025

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

Present:

Responsible Authority Members:

Darlington Borough Council - Cllr Holroyd
Hartlepool Borough Council - Cllr Boddy (CH), Cllr Roy
Middlesbrough Council - Cllr Cooper, Cllr Morrish
Redcar and Cleveland Borough Council – Cllr Cawley, Cllr Crane,
Stockton Borough Council - Cllr Hall, Cllr Besford, Cllr Coulson (substitute for Cllr Miller)

Also Present:

Matt Neligan, Chief Strategy Officer, University Hospital Tees (UHT)
DR Michael Stewart, Chief Medical Officer, UHT
Karen Hawkins, Director of Delivery [Tees Valley], North East and North Cumbria Integrated Care Board (NENC ICB)
Katie McLeod, Deputy Director of Delivery, (NENC ICB)
DR Nicky Miller, Clinical Lead, (NENC ICB)
Mark Cotton, Assistant Director of Communications and Engagement, North East Ambulance Service (NEAS)
Victoria Court, Deputy Chief Operating Officer, NEAS
Kimm Lawson, Strategic Head of Commissioning (Tees Valley), (NENC ICB)
Joe Walker, Service Manager, Respite Day and Residential Services, Tees Esk and Wear Valleys NHS Foundation Trust (TEWV)
Hannah Warburton, Communications Manager, TEWV

Officers:

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

22. Apologies for Absence

Cllr Kay, Cllr Layton, Cllr Moore, Cllr Miller, Cllr Scott and Hannah Miller.

23. Declarations of Interest

None

24. Minutes of the meeting held on 7th November 2024

Confirmed.

25. Minutes of the Tees Valley Area Integrated Care Partnership (ICP) meeting held 9th August 2024 (to note)

Noted. Members requested that the most recent meeting notes be brought to a future committee.

26. Clinical Services Strategy Update – Group Model - Group Chief Medical Officer and Group Chief Strategy Officer, NHS University Hospitals Tees

The Committee received information on this item in 2023, this included the progress and ambition for working as a group across North Tees NHS Foundation Trust (FT) and South Tees Hospitals NHS FT.

An update was presented to the Committee on the progress of the development of the Clinical Services and Group (now known as University Hospitals Tees) strategy. Areas of discussion also focussed on identifying areas that will require further engagement with Local Authorities and Partners.

The primary drivers for joint working as a Group were outlined and included

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- Better tackling of population health challenges
- Delivering high quality and sustainable services
- Creating a voice for the health needs of communities
- Making the most of estates
- Addressing disparities in care by adopting joint models
- Collaborative working across sites

Representatives advised the Committee on the ways in which the two separate trusts of North Tees and South Tees were now working together, including joint governance arrangements and a joint executive leadership team.

The Group Objectives were in development and had included drawing on extensive engagement with the public and involving Healthwatch Hartlepool in working towards identifying what people want from the service. The Group Chief Strategy Officer praised the work of Healthwatch Hartlepool for their help on this matter. The report highlighted that people wanted to be provided with good care and have good communication with their hospital. It had also informed on issues such as hospital parking.

The Group Chief Medical Officer presented to the Committee the highlights of the work across the Group. This included patient and community voice,

staff engagement / communications, Group clinical strategy development and digital enablers.

Clinical boards had welcomed the findings of the Healthwatch report and were developing proposals to reduce waiting times, standardise care and ensure expensive equipment is used to capacity. Making sure that patient care is delivered as close to home as possible was also key. Members were also informed about plans to develop a single point of access across the Tees Valley including one phone number across services and the development of the hospital at home model. Plans also included the number of hospital at home beds to be scaled up to 500 and to continue to develop Women and Children's services in the community. University Hospital Tees was intended to be viewed as one service operating from multiple hospital sites.

Some services have been identified for testing as a single service with consideration being given as to how to bring services together and make them stronger and more resilient. This also included the better use of estates and plans to attract more colleagues. Some elements of the plan may require further consultation and engagement with patients, families and carers. It was discussed that future updates could be brought back to the Committee on this issue.

Members were invited to ask questions, the following information was ascertained–

- Significant work is ongoing to address health inequalities such as thinking about how services are tailored and creating better health literature and education in schools.
- Hospital and communities do experience staffing challenges. Work is ongoing with Teesside University, Local Authorities and the Health and Social Care Academy to address some of these issues.
- The increase of hospital at home beds to 500 is a long-term plan with gradual growth happening over time. All plans are designed to manage the growing demand for hospital services.
- It was acknowledged that the issue of large waiting lists was challenging and that no one solution would resolve this. The intention was for waiting lists to begin to reduce and that the community hubs would contribute to this.
- Alternative routes were being designed to assist those that may not be able to access technology to use digital services. There are also work streams on digital poverty.
- Work continues in moving towards the integration of different electronic records and a link between hospital computer systems.
- Improvements have been made to the time taken to discharge patients from hospital to home. Nurses and allied health professionals also provide support to enable patients go home faster. This includes a push on integrated neighborhood teams.
- Referencing concerns expressed by Members regarding patients having to travel between hospital sites, Representatives explained that it was the plan for more services to be delivered closer to home,

with a concentration of services in one place and an increase in elective care through the hubs.

Representatives were thanked for their updates on this item.

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Decision

- (i) The content of the presentation was noted.
- (ii) That the Healthwatch Hartlepool report be circulated to Members of the Committee.
- (iii) That Representatives be invited to a future meeting to provide further updates on the Group strategy.

27. **NEAS: Staff Safety and performance update** – *Deputy Chief Operating Officer and Assistant Director of Communications and Engagement, NEAS NHS Foundation Trust*

Representatives from NEAS provided the Committee with an update on performance data and staff safety. Information presented to the Committee referred to call performance data and it was reported that this has improved significantly in the last 3 years. There are now more health advisors and a new call centre in operation in Stockton. There has been a small but steady increase in 111 calls where the outcome is visits to Urgent Treatment Centres and a small decline in visits to Primary Care services. Calls have also increased in the winter months. Call handlers are trained to take both 111 calls and 999 calls and Hear and Treat rates are not as high as other areas in the UK. Due to having dual trained call handlers there has been significant improvements to Hear and Treat cases. Future plans include extra health advisors and extra clinicians.

An overview was given in terms of Ambulance response times which are split into 4 categories, category 1 being the most serious. Data was provided in terms of the NEAS response times for all categories as detailed in the presentation. It was recognised that although NEAS has the fastest response times to Category 2 calls, work continues towards improving those targets. In terms of hospital handovers, NEAS are also the fastest performing in the country. It was recognised that hospitals were under significant challenges such as bed capacity and pressures due to flu and norovirus. It was also highlighted that patient transport had significantly improved over the last 3 years.

Members were also provided with data relating to staff safety. It was explained that regrettably the number of assaults against staff had increased. This could partially be explained by the use of better reporting mechanisms, but NEAS had also seen a visible increase. Concerns were expressed that convictions were only pursued in 1 in 8 cases of assault with some lower-level assaults against staff being reported as 'being part of the job'. This was deemed unacceptable but could explain the lower levels of reporting. Alcohol misuse and mental health issues were deemed to be contributing factors with the use of weapons also increasing. Over half of the assaults against staff reported had taken place in the patient's home.

Members commented the data and information around assaults against staff was appalling and expressed concern for staff.

With reference to the data regarding Ambulance handover times, Members questioned if any ambulances were being diverted from James Cook Hospital to North Tees Hospital. Representatives commented that James Cook Hospital had carried out intensive work regarding this issue and had seen significant improvements in ambulance hand over times.

Reflecting upon information provided regarding the increase in staff on the Hear and Treat service, Members were interested to find out if there was data available regarding this. Whilst exact figures were not available, Representatives were able to confirm that front line staff numbers had increased by 400. It was explained that recruitment was improving and that strong links with Local Universities were attributed to there being more qualified paramedics. In terms of extra ambulance vehicles, some are provided through private companies due to not having big enough ambulance stations to store them. This is something to be considered as part of the long-term estates strategy.

The issue of staff safety was discussed. Responding to a question about the use of body cams for the safety of the paramedic's team the Committee was informed that all paramedics wear them. In a response to a question about the underreporting of assaults and the increase in reports of sexual assaults it was determined that NEAS were targeting encouraging reporting of all assaults. Individual addresses are also flagged up if there were potential for there to be incidences at the property.

Representatives were asked what measures had been in put in place following the report by the CQC in 2022. Members were advised that NEAS had worked hard to address the areas of concern flagged in the report. The oversight from NHS England and the Integrated Care Board had now come to an end. Representatives explained that NEAS have made strong improvements in certain areas such as the management of controlled drugs and the adoption of the new wider patient safety incident report framework. After an independent review, commissioned by NHS England, they were satisfied that the significant improvements and changes to the service had meant the service was now moving in the right direction. NEAS also confirmed, in response to a Member question, that NEAS takes part in the NHS staff survey and results from this had improved. The hope is that this would improve again once the next one takes place in March 2025.

Concerns were raised about patients potentially missing appointments if the patient transport was not on time. It was confirmed that only 4% are late. NEAS had received no feedback suggesting appointments had been missed due to late patient transport.

Concluding the discussion and returning to the issue of staff safety a question was raised about lone working. It was confirmed that there are

strict criteria in place for single responders. Crews are trained in carrying out risk assessments and that police support is available if necessary.

Representatives were thanked for their presentation.

Decision

- (i) The content of the presentation was noted.

28. Improving Palliative and End of Life Care across the Tees Valley - *Deputy Director of Delivery and Clinical Lead, Tees Valley Local Delivery Team, NENC ICB*

Representatives were in attendance to present an update on improving palliative and end of life care across the Tees Valley. Members were advised of the engagement work with families, carers and providers which formed the basis of the Palliative and End of Life Care Strategy. Surveys and workshops were also carried out. Feedback on this matter was welcomed to enable improvements and change to services and provisions. Key themes that were important to providers was also discussed and included the willingness to explore new funding models and how to work collaboratively. The strategy has been co-produced with colleagues from the Foundation Trust. Although work has not finished there has been some significant achievements to date. An investment programme has been agreed with some additional funding. Other aspects considered were the training packages available and utilising one phone number to access support across the service. The importance of focussing on relationships with providers was also discussed. This work has gained very positive feedback. Representatives indicated they could come to a future meeting to provide further updates.

In the questions that followed Members were advised that local hospices had also been involved in the work that had been carried out. Issues such as funding and the wellbeing of staff had also been considered in detail.

A Member raised a query regarding the commissioning of a rapid response service in Darlington. Representatives advised that this service had gone through a procurement process and the service has now been provisioned. Data around the use of services is closely monitored and Representatives confirmed that this provision of care was still available to Darlington residents.

Representatives were thanked for their presentation.

29. Tees Respite Care/Short Breaks Service Update – *Strategic Head of Commissioning (Tees Valley), NENC ICB and Service Manager, Respite Day and Residential Services, TEWV*

Representatives from the NENC ICB and TEWV were in attendance to provide the Committee with an update in relation to the consultation with families and carers regarding the changes to respite care. This item was previously presented to the Committee at its meeting on the 19th September 2024.

A series of listening events have been held with a survey also sent out to parents and carers. A full report on this matter will be produced at a later date. Task and Finish groups have also been held to help determine what services need to be commissioned going forward. Meetings have also taken place with staff at both sites affected, with information being shared with families via a newsletter and a monthly update. Representatives were hoping for more engagement and had also offered one to one sessions with those affected. With the engagement from as many as possible, the aim is to create a sustainable service in a building that is fit for purpose and meets the needs of the patients. Meetings will also take place with colleagues from Local Authorities where the sites are held. Procurement of future services will take place in the next 3 months. Communication with service users and their families and carers is ongoing. Representatives also advised that the importance of communication with staff was paramount and commented that staff at the respite services were doing a good job in difficult circumstances. Representatives explained they were committed to improving the provision of respite care in the Tees Valley.

In the discussion that followed it was confirmed that respite services are not funded in the same way children services and services that provided the best value for the public purse was being considered. A number of other factors were also being considered including getting this model right for the future. A member queried the 12 month time line and assurance was given that this service would continue until another provision could take its place. It was also discussed that a wider piece of work needed to take place around services for those aged 18-25.

Data was provided in terms of the number of people accessing the service and consideration was being given to parents and carers of the service users.

A Member asked that thanks be passed to the staff who continue to support those that rely on the services affected.

Future events were being considered such as coffee mornings where parents would be able to bring along their family members who use the service. Discussions were also held regarding the involvement of people that could use the service but did not.

It was confirmed that future services would not be in NHS buildings, but that NHS clinical staff would be based in the provision.

Representatives were thanked for the update.

30. Work Programme for 2024/2025

The work programme for 2024/25 was discussed following updates from the previous meeting. It was confirmed that the future updates would be welcomed in the Clinical strategy of the group model and the ongoing changes to respite care in the Tees Valley.

A previous item suggested in relation to the impact of waste incinerators was discussed and it was confirmed that consideration must be given to the most appropriate forum for this item given the footprint of the areas included.

- (i) The amended work programme for 2024/25 was agreed.
- (ii) An update on Clinical strategy of the group model be provided at a future meeting.
- (iii) An update on the provision of respite care be provided at a future meeting.

31. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 12.50pm.

CHAIR