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## TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 17 July 2025 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

**PRESENT** Councillors M Besford, M Boddy, C Cawley, C Cooper, J Coulson, S Crane, L Hall, J Kabuye, M Layton and A Roy.

**OFFICIALS** S Bonner, C Breheny, C Jones, G Jones and G Woods.

**IN ATTENDANCE** Councillor Gallagher, K Lawson, K Smith, J Todd and J Walker.

### APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors N Johnson, S Moore and H Scott.

#### 10 **APPOINTMENT OF CHAIR 2025/26**

Members were invited to make nominations for the position of Chair, and the following were received:

Councillor Cawley was nominated by Councillor Cooper, seconded by Councillor Besford.

Councillor Crane was nominated by Councillor Hall, seconded by Councillor Coulson.

**RESOLVED** that Councillor Cawley be elected as Chair of the Tees Valley Joint Health Scrutiny Committee for 2025/26.

#### 11 **APPOINTMENT OF VICE CHAIR 2025/26**

There was no requirement for this item to be considered, as the appointment for Vice Chair had been resolved at the previous meeting and the minutes for that meeting would be amended accordingly. **NOTED**

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12 **MINUTES OF THE MEETING HELD ON 8 MAY 2025**

The minutes of the meeting held on 8 May 2025 were confirmed as a correct record subject to an amendment regarding the appointment of Vice Chair. It was noted that the appointment of Vice Chair had been for the 2025/6 Municipal Year and not solely for that meeting. **NOTED**

13 **DECLARATIONS OF INTEREST**

The following declaration of interest was raised by Councillor C Cawley: -

- Item 8 – Family member currently awaiting assessment by CAMHS.

It was **RECOMMENDED** that the Committee note this declaration.

14 **TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE PROTOCOL AND TERMS OF REFERENCE**

Agreed subject to the removal of section 4 - NHS England Area Teams; **NOTED**

15 **NORTH EAST AND NORTH CUMBRIA (NENC) INTEGRATED CARE BOARD (ICB) - NHS DENTISTRY UPDATE**

The Chief Contracting and Procurement Officer as Executive Lead for Commissioning Primary Dental Care at NENC ICB provided an overview of current challenges and strategic responses in NHS dental provision across the Tees Valley and wider North East region. It was acknowledged that difficulties in accessing NHS dental services were not unique to the region but were being actively addressed through a range of local initiatives.

Members were advised that several dental practices had and were continuing to return NHS contracts, prompting efforts to recommission activity and replace lost capacity. The Commissioning Team, although small, was in continuous dialogue with practices to support service delivery and prioritise access in deprived communities. Measures to address the issues faced included incentivising over-delivery, increasing urgent care appointments, and expanding out-of-hours provision in collaboration with NHS 111.

The Chief Officer explained that access to routine dental procedures, for example scale and polish services, and urgent dental surgery remained a key concern. In response, an additional 1,000 urgent access sessions had been commissioned this year, contributing to a total of 51,000 sessions region wide. Tees Valley alone accounted for nearly 11,000 of these. It was highlighted that the rollout of Urgent Dental Access Centres

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(UDACs), had begun in Darlington and Carlisle, with plans to establish 30 surgeries at centres across the North East and North Cumbria (NENC). These offered patients a choice of providers beyond their local practice, aiming to standardise urgent care and improve accessibility.

In terms of other key challenges, it was advised that workforce development was also a key priority. Efforts included upskilling Dental Therapists and Hygienists, particularly in Darlington, and introducing loyalty bonuses to retain NHS dental staff. The Chief Officer emphasised the importance of supporting lifestyle changes to reduce demand and noted that most Local Authorities now had an Oral Health Strategy in place. An additional £2 million had been allocated to the Tees Valley and North East Combined Authorities, supplementing national funding.

The Chief Officer referenced the recent successful national consultation to extend water fluoridation across the region and stressed the need to modernise NHS dental contracts. It was noted that a public consultation was currently underway, closing mid-August, which would inform future contract reform.

During the discussion that ensued the following points were raised: -

- A Member highlighted the importance of continuity in urgent dental care. The Chief Officer acknowledged that although Urgent Dental Access Centres (UDACs) were established to address immediate needs, many patients sought temporary treatment without a clear pathway to complete their course of care. The need to “close the loop” so that patients received full treatment beyond the initial episode was emphasised.
- A Member expressed concerns in relation to workforce retention and professional development. The view was expressed that many dentists felt disheartened by limited career progression opportunities. The Chief Officer acknowledged the importance of this and confirmed that the ICB was working closely with the dental deanery to ensure a balanced skill mix across dental teams, including the opportunities available to technicians and support staff, to help maximise workforce potential.
- A Member raised a query about the timing and communication of service expansion and cautioned against encouraging patients who have not accessed dental care for some time until systems were robust enough to manage increased demand.
- Members commented that many patients remained unaware of how to access services, particularly when their regular dentist was unavailable. Improved communications were being planned to ensure visibility of practices offering extended services.
- Members welcomed updates on self-referral pathways and loyalty bonuses.

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- The Chief Officer provided clarity on site rollout, advising that three new UDAC centres were expected to go live in August and four in September.
- A Member queried whether an up-to-date list of available NHS dental practices was publicly accessible. The Chief Officer confirmed that the national “Find My Dentist” website was updated by practices and included open lists for children. A local version was also available on the council’s website, though coverage may vary.
- A Member raised concerns about data quality and timeliness. The view was expressed that although commissioning data on appointment slots was available, information on actual patient access was often delayed and lacked granularity. It was suggested that more detailed and timely data would support better decision-making and service planning.
- The Chief Officer commented that the establishment of UDAC’s across NENC formed part of the initial strategy for implementing improvements in oral health services in the region, noting that the draft Oral Health Strategy was scheduled for presentation at the upcoming ICB Board meeting later that month. Members acknowledged the importance of integrating the NHS 111 single point of access into the approach, recognising its potential to guide patients to the most appropriate care pathways.
- The Chief Officer advised that a communications campaign was proposed to raise awareness and support uptake. Members expressed regret at the absence of Healthwatch’s input, highlighting the value of its community reach and the insight it provided into patient experience, particularly in areas that were otherwise difficult to access. The challenge of maintaining robust patient and public engagement in the absence of Healthwatch was acknowledged, and it was agreed that a new approach would be required to ensure continued access to meaningful feedback.
- The evolving role of elected members in fulfilling aspects of Healthwatch’s function was noted, with reference to Healthwatch’s work in linking into existing community networks. Members emphasised the importance of designing and delivering services that were responsive to local needs.
- It was agreed that a further update would be provided once key elements of the Oral Health Strategy were confirmed.

**AGREED** that the information presented be noted and a further update provided once the Oral Health Strategy had been confirmed.

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**16 TEES ESK & WEAR VALLEY NHS FOUNDATION TRUST - CAMHS UPDATE**

The Director of Operations and Transformation provided a comprehensive update on developments within children's community services, framed within a whole-system, evidence-based approach aligned with local authority commissioning priorities. A clear distinction was made between treatment and support services, with reference to the NHS Long Term Plan's ambition to empower children and young people as active participants in their care.

**Mental Health Services and Access Standards**

Key performance metrics were shared regarding general mental health services for children, particularly within the "Getting Help" and "Getting More Help" pathways. While services compared favourably in some areas, the average wait time for assessment currently stood at 63 days, exceeding the national benchmark of 28 days. DNA rates were noted as a contributing factor to waiting times and work was ongoing to improve engagement.

Members were advised that treatment typically commenced within 6–12 weeks, depending on individual needs. Capacity constraints and national medication supply issues had impacted service delivery, prompting the implementation of alternative care models and increased collaboration with pharmacy colleagues.

The children's eating disorder service was highlighted as a positive example, achieving 100 per cent compliance with appointment standards over the past four weeks. Operating 8am–8pm, seven days a week, the service had contributed to a reduction in hospital admissions and improved access to care closer to home. Breaches of 4-hour and 1-week standards were attributed primarily to family-related factors. Across Teesside, access and support from children's crisis mental health support (NHS111 option 2) were successfully completed more than 90% of the time and consistently achieving the national standard. .

**Expanding Access and Managing Demand**

The Director of Operations explained that as part of a national programme to increase access to core services, the local system had delivered over 11,000 appointments as of May 2025, exceeding the target set for the years to date and on track to exceed this at year-end. However, significant challenges remained for some assessments for Autism and ADHD in line with national trends. In Darlington, the average wait time for ADHD and Autism assessments was 566 days, with delays spanning up to 45 months. While there is no backlog for initial triage and screening, the system was operating beyond its commissioned capacity due to

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prolonged excessive demand. To mitigate this, the Trust was working closely with the ICB and Local Authority partners on a range of improvements. The Trust had implemented a revised neurodevelopmental assessment pathway which had been positively evaluated, enabling some young people to be seen sooner and improving family engagement. A “needs-led bubble of support” model existed in Teesside as a means of support whilst waiting, signposting families to voluntary sector providers such as Daisy Chain for assistance with sleep, behaviour, and coping strategies. All families on waiting lists received a “keeping in touch” contact from the Trust which included advice and guidance on access to crisis support if required.

Referral pathways were being redesigned to include accredited providers, with investment enabling more families to access assessments earlier. Transformation efforts were ongoing, with mental health support teams now embedded in schools across the region, achieving 100 per cent mainstream school coverage in Darlington and work with the ICB on next phases of investment in these teams. MHST’s had supported hundreds of young people and helped schools adopt broader approaches to mental health and wellbeing, with further expansion anticipated over the next 3–5 years.

### **Service Integration and Future Commissioning**

Members were informed of a forthcoming tender to reprocure a more integrated model of care, encompassing current partners of getting help services and local VCSE organisations. The proposed model would offer earlier access to services including IAPT, counselling, and CBT, with specifications designed to promote integration and be service user focused. A strong partnership bid had been submitted, though there remained a risk of award to a national organisation.

### **Governance and Assurance**

TEWV has responded to scrutiny reports with significant improvement activity. A recent update from Niche noted clinical practice was now compliant with required standards and governance and quality assurance processes were in place. The progress made reflected substantial effort during a challenging period.

Following the presentation discussion ensued and the following points were raised:-

- A Member declared a personal interest, advising that her children were currently attempting to access neurodevelopmental services. Concerns were raised about the length of prolonged delays, given that her child entered the pathway at age 11½ and was now 14, yet had never been seen or contacted. The emotional toll on families and the

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need for more meaningful engagement, beyond occasional leaflets or letters was emphasised. The support provided by Daisy Chain service was praised, however, transport costs and the limited availability of HAF and SEND activities were noted as barriers. It was stressed that for families unfamiliar with support systems, the process felt overwhelming and impersonal.

- A Member raised concerns regarding excessive waiting times for ADHD and autism assessments, referencing NICE guidelines which indicated significant risk of mental health deterioration and hospitalisation within 12–14 months. Current average waits of 35 months were described as unacceptable. Reference was drawn to the I-Thrive model and the view expressed that the model was externally imposed and not tailored to local needs. Members acknowledged the national scale of the issues faced and the limitations of non-recurring funding. It was noted that efforts were underway to prioritise assessments for those most in need, though a clear plan to meet NICE targets was lacking. Workforce shortages and post-COVID demand were identified as key barriers to transformation.
- A Member shared a deeply concerning, recent account of five youth suicides locally within a short time period, including among his son's peers. It was highlighted that suicide rates across Tees Valley boroughs exceeded both regional and national averages. Members discussed the need for retrospective learning and importance of examining whether those individuals had accessed services, been on waiting lists, or received GP support. The Director of Operations confirmed that formal safeguarding investigations were conducted in such cases, with findings shared via appropriate forums. The role of social media as a potential catalyst was acknowledged. It was requested that the latest regional and national data be shared with Members, and the Committee agreed to maintain oversight of this issue.
- A Member highlighted that Darlington had recently appointed a Suicide Prevention Lead, with recent data showing a rise in female suicides. The Senior Democratic Services Officer advised that an update on the suicide prevention work being undertaken across the Tees Valley would be brought to the October meeting of the Committee.
- A Member highlighted the importance of system-wide collaboration and governance in addressing neurodevelopmental challenges. The need for consistent service delivery regardless of provider was emphasised and assurance was provided that any change resulting from the current tender process would not compromise service standards.
- A Member highlighted Darlington's "Keep in Touch" initiative as a model of meaningful engagement, contrasting it with less consistent contact provided elsewhere in the Tees Valley. Proactive information-sharing was described as a "prescription against pain" and positive feedback from families had been received.

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**AGREED** that the information presented be noted and that the latest suicide data for the Tees Valley be shared with Members of the Committee.

17      **NORTH EAST AND NORTH CUMBRIA (NENC) INTEGRATED CARE BOARD - TEES RESPITE CARE / ADULT LEARNING DISABILITY UPDATE**

The Head of Strategic Commissioning at NENC ICB provided an update on the development of a revised respite short break service, marking her third presentation to the Committee on this issue. The current position was outlined, and it was highlighted that respite provision has historically been delivered by Tees, Esk and Wear Valley (TEWV) NHS FT at Bankfields and Aysgarth. Following notice from the TEWV to cease this arrangement, significant engagement had taken place with families and carers to identify a suitable alternative.

Members were advised that since September 2024, a co-production approach had been adopted, including listening events held in October/November 2024. These sessions highlighted widespread concerns among families, particularly fears that the changes were financially motivated. The importance of respite in supporting the physical and mental wellbeing of carers, many of whom were older and increasingly frail, was also strongly emphasised.

The Head of Strategic Commissioning advised that key feedback from families indicated a preference for continuity in service quality and structure. In response to the feedback received, a project group was established in December 2024 to develop a new service model. The Committee was advised that the proposed approach centred on the provision of a bed-based respite service at Levick Court, Middlesbrough, supported by a clinical staff team from TEWV.

Members were advised that four open days had been held at Levick Court, which were well attended and positively received. A family event held on 3 July 2025 attracted over 35 attendees and provided a platform for discussion and challenge. It was noted that feedback was broadly supportive, with families expressing reassurance and conditional approval of the model.

The Head of Strategic Commissioning explained that the business case had now been finalised and would be presented to the All in Common committee on 24 July 2025, with ICB consideration scheduled for August. Under the new Public Sector Resourcing (PSR) framework, the proposal would be published on the portal for 14 days under the 'most suitable provider' terms. Should no alternative provider emerge, a direct contract award would be pursued, subject to any necessary adjustments. It was

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hoped that implementation could be completed by Christmas, noting the importance of continued collaboration with the Trust, families, and local authorities. The Committee was asked to endorse the co-production approach and support the progression of the proposed model to meet future client needs.

Following the presentation discussion ensued and the following points were raised: -

- A Member raised concerns regarding the TUPE transfer of staff from Aysgarth and Bankfields. The Head of Strategic Commissioning confirmed that the proposed commissioning of eight beds at Levick Court presented an opportunity for service growth, including emergency provision. Due diligence had been undertaken on current usage and transitional needs. It was advised that the TUPE process would apply between TEWV and Middlesbrough Council, with recognition of pay disparities between the two organisations. Efforts were underway to avoid a two-tier staffing model. It was explained that staff had attended open days and expressed interest in transferring; of the 16 eligible staff, recruitment of an additional two was planned. It was also noted that while TUPE applied, staff retained the right to decline transfer, and caveats would be managed accordingly. Assurance was provided to Members that continuity of care during the transition remained a priority.
- The Head of Strategic Commissioning confirmed that both Bankfields and Aysgarth sites were expected to close. Although Aysgarth offered a stronger clinical environment, it was no longer fit for purpose. In contrast, Levick Court had been co-designed with TEWV to meet the requirements of a modern respite service. Staff had responded positively, with no union objections raised.
- A Member raised concerns regarding the interface between health and local authority responsibilities, particularly around Friday day service pickups. The Service Manager explained that families had been advised that this issue would not be resolved within the current year due to funding constraints. However, Middlesbrough Council was developing a new booking system and the Registered Managers of Bankfields and Aysgarth were coordinating allocations to ensure equitable access to respite.
- In response to a query the Service Manager confirmed that future planning discussions had begun with families, acknowledging the sensitive nature of long-term care needs. Supported accommodation options were being explored alongside the secure delivery of the new respite model.
- A Member raised a query, on behalf of the families and carers, regarding ownership of the service and continued provision of NHS care once the service was CQC-registered. The Head of Strategic Commissioning clarified that Middlesbrough Borough Council would

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own and operate the building under a long-term contract with the ICB, and TEWV commissioned to provide clinical input. Dual registration with CQC would be pursued to enable nursing provision. It was emphasised that the Commissioning Team was committed to ensuring equitable healthcare access for service users.

- In response to a procurement query, it was confirmed that the service would be advertised via the most suitable provider route. Should an alternative provider express interest, timeframes and delivery expectations would need to be delivered on and this would be managed with procurement colleagues. However, given the lack of suitable premises and the urgency of provision required, a direct award via the most suitable provider remained the anticipated route.

The Chair thanked the representatives for their attendance and passed on her best wishes for the conclusion of the commissioning process.

**AGREED** that the information presented be noted.

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#### **NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST - COMMUNITY DIAGNOSTIC CENTRE UPDATE**

The Head of Radiology at South Tees NHS FT provided an overview of the operational performance and strategic development of diagnostic services across South Tees and North Tees, with particular focus on the Stockton-based Community Diagnostic Centre (CDC) operating under a hub-and-spoke model. The £25m Stockton hub had received strong feedback from both patients and staff, with services delivered across multiple sites and a combined annual activity volume of approximately 140,000 tests. The hub alone accounted for 60,000 tests annually.

Patient flow was managed through an extension of existing services, offering the next available appointment at the most appropriate site. This approach aimed to improve population health outcomes, enhance diagnostic productivity and efficiency, and reduce health inequalities in underserved areas. It was advised that performance data was closely monitored, with weekly scrutiny to ensure compliance within a 10 per cent activity threshold. Although a brief delay was noted initially, current data showed improving compliance against plan.

The Head of Radiology advised that endoscopy services had been consolidated across South and North Tees, resulting in significant improvements in waiting times, with most patients now seen within six weeks. A small proportion of complex cases requiring anaesthesia remained. MRI and NOUS services had also been combined, with notable improvements in service delivery and alignment of access times across the patch.

Members were informed that South Tees NHS FT had supported

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neuroscience services by shifting elective workload off acute sites, increasing capacity for lung biopsies and cardiac scanning. A one-visit diagnostic model had been introduced, enabling same-day CT and other scans, which has reduced the cancer pathway by 15 days. Innovations included a two-stop prostate clinic and the introduction of a foetal scanner previously only available in Newcastle.

The Head of Radiology highlighted that North Tees NHS FT had improved MRI access and increased colonoscopy capacity, contributing to enhanced performance metrics. Rapid access chest X-ray sites had also been introduced, and new funding had supported radiology installation at RPCH.

Members were informed that staff development had been a key success, particularly at the Stockton hub where non-medical staff are trained in CT/MRI and emergency response. Feedback had been positive, although concerns around parking remained, with only 27 spaces available via a Stockton Borough Council car park. AI was being trialled for chest X-ray reporting and stroke-related brain scans.

Members were informed that cross-site collaboration between NT and ST has been effective, with shared control areas and staff integration. Urology services were currently under review to enhance patient experience through a comprehensive diagnostic suite. However, a delayed start due to CQC registration was noted. Following the presentation discussion ensued and the following points were raised:-

- A Member raised concerns regarding gynaecology services, particularly endometriosis, and referenced a forthcoming meeting to discuss this issue.
- A Member queried the impact on patient outcomes, citing a 30% increase in waiting lists year-on-year and the challenges faced in paediatric audiology. Members were advised that despite the challenges, the region remained one of the best performing nationally, with continued reductions in waiting times.
- The Head of Radiology highlighted the need for increased capacity and workforce investment, referencing the findings of the Richards Report. The CDC was commended for its rapid mobilisation and potential. Members highlighted that issues around disabled parking had been swiftly addressed, though general parking remained a concern.
- A Member praised the CDC initiative and emphasised the importance of reducing patient drop-off between sequential tests.
- A Member drew reference to the performance dashboard used by South Tees NHS FT, which included weekly reviews and scan-specific action plans. The opportunity to operate CT and MRI scans flexibly to

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aid recovery was noted, with NHS England scrutiny ongoing.

**AGREED** that the information presented be noted and a site visit to the CDC be arranged.

19      **WORK PROGRAMME 2025/26**

The Work Programme was presented to Members; **NOTED**.

20      **ANY OTHER ITEMS WHICH THE CHAIR CONSIDERS URGENT**

There were no items certified as urgent by the Chair; **NOTED**.