

Thursday, 2 October 2025

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 2 October 2025 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

PRESENT Councillors C Cawley (Chair), M Besford, J Coulson and L Hall.

OFFICIALS C Breheny, G Jones and G Woods.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Boddy, S Crane, C Hannaway, N Johnson, M Layton, S Moore and H Scott.

21 MINUTES OF THE MEETING HELD ON 17 JULY 2025

As the meeting was inquorate no formal decision was made, and the minutes were deferred to the 2 October 2025 meeting for approval.

22 DECLARATIONS OF INTEREST

There were no declarations of interest.

23 SUICIDE PREVENTION - PUBLIC HEALTH UPDATE

The Lead Preventing Suicide (Tees) Public Health Practitioner attended the meeting following a commitment made in November 2024, to provide an update on suicide surveillance and prevention activity across the Tees Valley. The presentation drew on strategic public health intelligence from the Real-Time Surveillance System (RTSS), covering four local authorities (excluding Darlington). Members were advised that all figures related to suspected deaths by suicide, pending confirmation by the Coroner. Due to the sensitive nature of the subject matter, a short recess was scheduled following the presentation.

The Lead Preventing Suicide (Tees) Public Health Practitioner clarified that Public Health operated in a strategic capacity and was not involved in frontline response. The RTSS enabled timely identification of suicide clusters, with scene attendance triggering notification to Public Health and Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) within 24 hours. Public Health Leads and Directors of Public Health (DPHs) were then informed, and the Integrated Care Board (ICB) received the data for audit purposes. Additional intelligence was provided by drug and alcohol services and NHS care providers, helping to identify emerging risks.

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Members were informed that the half-year review (January to June 2025) showed a reduction in the overall suicide rate across the Tees Valley, from 6.5 to 5.6 per 100,000 population. The most affected age group was 30–39 years, and 70 per cent of deaths were male—consistent with national trends. Hartlepool was the only local authority to record an increase, rising from 4.7 to 5.9 per 100,000, with a notable shift in gender profile: 45 per cent of deaths were female, the highest proportion in Teesside. Stockton saw a reduction from 6.1 to 5.0, Middlesbrough from 7.5 to 6.0, and Redcar & Cleveland from 7.3 to 5.7, with female deaths in RCBC rising from 10 to 30 per cent.

Age-related trends also shifted. In 2024, the most affected group had been 0–19 years; in 2025, this changed to 20–29 and 50–59 years. Analysis of deprivation data showed that most deaths occurred in the most deprived centile, with a secondary peak in the least deprived decile. Mondays were the most common day of occurrence, with May recording the highest number of deaths, followed by February.

The Lead Preventing Suicide (Tees) Public Health Practitioner outlined the Year One priorities for the Tees Suicide Prevention Programme. The importance of recognising the complexity of suicide and addressing common risk factors, including online safety and responsible media reporting was emphasised. It was advised that public deaths were monitored to ensure language was used sensitively and accurately, with efforts made to hold organisations accountable for appropriate terminology.

Members were advised that although Public Health did not own crisis pathways, the service played a key role in promoting them and ensuring partner organisations followed correct procedures. Collaborative work with local authorities, Police, and Fire & Rescue services aimed to reduce high-frequency and high-risk deaths. Environmental interventions such as “talking benches” and “bed benches” were implemented in line with national guidance to reduce access to means and methods.

Members noted that bereavement support formed a critical component of the prevention strategy. It was explained that the four Tees Valley authorities jointly commissioned CRUSE, and from July 2025, If U Care Share had started offering immediate support to families affected by suicide. This timely intervention, particularly around funerals and coroner enquiries, helped to reduce further risk. Schools also received rapid support following a death, with helpline information and local resources shared on the day of notification. Support was provided by CAMHS, CRUSE, and If U Care Share.

In addition, Members were advised that destigmatising suicide remained a core objective. The Lead Practitioner highlighted the importance of using the term “suicide” in everyday conversation and promoting awareness

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through community training. The Better Mental Health in the Community programme continued to offer free training across the region.

In terms of key achievements, during the period January to June 2025, it was highlighted that a new information-sharing agreement had been agreed with Cleveland Police, with Public Health granted access to the NICHE system, which had improved data quality. Referral pathways with drug and alcohol services had also been strengthened. Updates on the work undertaken by the Teesside Prevention Taskforce had also been provided at the South Tees Loneliness and Isolation Conference in March and the Hartlepool Men's Health Event in June. Members were advised that future collaboration was planned with Harbour, Halo, and My Sister's Place to further coordinate suicide prevention efforts.

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

- Members queried the effectiveness of collaboration and data sharing generally across the Tees Valley. It was advised that partnership working continued through weekly forums and Monday morning meetings, supporting both informal and formal dialogue. Monthly data reviews between colleagues from TEWV and regional leads across North East and North Cumbria Integrated Care Board (NENC ICB) facilitated a whole-systems approach to service delivery, particularly in response to inpatient deaths and deaths in service within six months. It was noted that efforts were made to avoid postcode-based disparities in care and to ensure consistent cross-boundary collaboration.
- Members revisited the suicide prevention agenda, with particular concern noted around male suicide. It was explained that work was ongoing, and local intelligence had been prioritised over delayed national datasets, enabling timely responses. Voluntary sector engagement also remained strong, with information cascaded via alliance meetings and the Stockton Mental Health Steering Group. The prevention agenda was reported to be active and progressing.
- Members drew reference to the Office for National Statistics (ONS) data, and it was queried how the Tees Valley figures compare with other areas of the UK. It was advised that recent suicide data indicated persistent challenges in the 20–39 age bracket. While Redcar and Cleveland had previously held the highest rates nationally, County Durham had overtaken, with Redcar and Cleveland showing a 34 per cent reduction over five years. Hartlepool's figures remained static; other boroughs showed modest improvement. It was noted that the next ONS release was expected on 7 October. The Lead Practitioner agreed to circulate updated figures once available.
- Members queried the age range variations across the Tees Valley.

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It was noted that early-year clusters of younger deaths had impacted averages in Hartlepool, with Redcar and Cleveland showing a higher prevalence in older age groups. Socioeconomic pressures, particularly among those “just managing” were cited as contributing factors. In terms of ethnicity, it was noted that the data indicated a predominance of white British deaths, although it was acknowledged that there was underreporting in some communities. It was advised that work was ongoing with BAME colleagues to address cultural and religious barriers to mental health disclosure.

- Members queried the impact of the 111 mental health crisis pathway on service accessibility. It was advised that this query would be forwarded to the Programme Manager at TEWV for a response.

AGREED that the information presented be noted and that:-

- a) The updated ONS data due for release on 7 October 2025 be circulated to all Members once published.
- b) The query relating to the impact of the 111 mental health crisis pathway on service accessibility be forwarded to TEWV.

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COMMUNITY MENTAL HEALTH TRANSFORMATION - TEES, ESK & WEAR VALLEY NHS FOUNDATION TRUST

The Associate Director of Partnerships and Strategy at TEWV attended to update Members on the Community Mental Health Transformation programme, which it was advised, aligned with the strategic shifts outlined in the NHS’s 10-Year Health Plan. The longstanding challenges in mental health data infrastructure were acknowledged, although it was noted that progress from fragmented systems to more standardised, analogue-level data quality had taken place.

Members were advised that in terms of mental health services a consistent model had been developed across the Tees Valley, which although tailored to local populations was underpinned by shared standards. The transformation aimed to reduce inappropriate referrals and improve signposting, with strengthened partnerships ensuring individuals were directed to the most appropriate services.

The Associate Director advised that Peer Support Workers had been commissioned across the region, which had been led by Teesside Mind, reversing previous models where statutory services outsourced provision. Capacity for psychological therapies had increased by 22 per cent, although access to specialist support, particularly for conditions such as bipolar disorder, remained limited nationally. Physical Health Practitioners for severe mental illness (SMI) had been embedded within Primary Care Networks, with 66 per cent of patients receiving annual health checks, including outreach to those least likely to engage.

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Members were advised that the service model had drawn on the THRIVE framework, supporting self-management and enabling stepped access to GP services, community hubs, virtual hubs, and TEWV staff.

Multidisciplinary teams and Care Navigators facilitated seamless transitions across services, ensuring equal voice and shared responsibility in care planning.

It was highlighted that since August 2023, the number of patients receiving at least two contacts had grown from 2,200 to over 8,000, with more than 40,000 appointments delivered in primary care by Mental Health Nurse Prescribers. The programme had received national recognition, including invitations to contribute evidence to a parliamentary enquiry and engagement with NHS England and the Centre for Mental Health.

The Associate Director advised that integrated neighbourhood teams were expected to build on the same principles, with emphasis on system-wide understanding, reduced hand-offs, and continuity of care. Regular “huddles” had supported shared learning and coordination, while voluntary and community sector (VCS) partners had played a central role in delivery. Service design had remained rooted in feedback from Healthwatch and service users, with efforts focused on reducing waiting times, improving readiness for therapies such as Eye Movement Desensitisation and Reprocessing (EMDR), and minimising the need for individuals to repeat their stories.

Members were informed that staff satisfaction had improved, with reduced turnover and sickness rates. The workforce had expanded, including additional peer workers, and patient-reported recovery outcomes had increased. It was noted that continued investment and partnership working were seen as key to sustaining progress.

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

- Members queried the transition from child to adult mental health services. It was noted that CAMHS operated under a distinct model, with transition planning beginning before the age of 17. It was advised that while there was no automatic fit with adult services, employment support workers and Job Centre links had helped bridge gaps. In addition, efforts had been made to reduce the historic “cliff edge” at age 18, with care planning embedded earlier in the pathway.
- Members raised concerns about workforce retention and development and highlighted the national shortage of mental health nurses and psychological therapy practitioners. It was advised that

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locally, the ICB had invested in talking therapies and trained 30 high-intensity practitioners. TEWV had developed overseas recruitment strategies and worked closely with universities to promote the North East as a desirable place to live and work to boost retention and recruitment efforts.

- Members queried the degree of progress made in improving access for BAME communities. It was highlighted that progress was being made including the establishment of a dedicated post within TEWV and a new project had been launched with Middlesbrough Mind and local universities. Poverty-proofing measures were also discussed, including the importance of locating services in accessible community buildings and supporting service-user-led groups to increase engagement and reduce drop-out rates.
- It was acknowledged that the Stockton Wellbeing Hub, opened in July 2022, had delivered significant impact through the provision of walk-in access to advice, information, and partner services. A similar model was in place in Darlington. In Middlesbrough, staff operated from Mind premises, including out-of-hours provision. Despite challenges such as vandalism in Grangetown, alternative community venues had been utilised. Members expressed interest in expanding the hub model across Tees Valley, ideally with seven-day access and inclusion of children and young people, subject to capacity.
- Future planning would focus on integrated neighbourhood health teams and end-to-end pathways tailored to local needs. HWBB oversight of neighbourhood health plans was expected to ensure evidence-based delivery.
- Members emphasised the importance of providing discrete services for children and young people, particularly in respect of counselling services.
- Members raised concerns regarding the complexity of neurodiverse pathways. It was noted that children faced longer waits due to multi-agency diagnostic processes, while adult referrals were triaged based on need.
- In response to a query, it was advised that neurodiverse adults often faced long waits, with prioritisation based on severity of impact. The population requiring support continued to grow.
- Members reiterated the importance of learning from diverse communities and improving service design. It was advised that a Middlesbrough-specific project had recently launched, with ongoing

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collaboration between Mind and the university. This work would continue until meaningful and sustainable improvements were achieved.

AGREED that the information presented be noted.

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VAPING / NITROUS OXIDE - PUBLIC HEALTH UPDATE

The Committee received an update on public health issues relating to vaping behaviours in South Tees. Members expressed concern at the unprecedented levels of nitrous oxide canisters found during recent litter picks, with a whole box discovered, and agreed to share this information with the relevant Officers.

The discussion emphasised that smoking and tobacco remained the primary focus, as smoking continued to be the single largest preventable cause of premature deaths in the UK. Locally, smoking rates were significantly high, with Middlesbrough recording 18.6 per cent the highest nationally. South Tees initiatives were being mirrored in neighbouring authorities, given smoking's major contribution to health inequalities. The North East average stood at 11.6 per cent with Tees Valley showing higher rates among key groups.

It was confirmed that vaping was scientifically assessed as 95 per cent less harmful than tobacco smoking and intended as a quit aid rather than a recreational activity. Members were advised that data from ASH continued to inform local statistics, which showed higher levels of smoking compared to vaping. Misconceptions remained widespread, with 53 per cent of smokers believing vaping was as harmful or more harmful than smoking. Disposable vape use had peaked in 2023.

Members noted with concern that youth smoking had increased for the first time in eight years, rising from 14 per cent in 2023 to 21 per cent in 2025. South Tees remained the only area in the North East, and one of only three nationally, to offer equivalent support to vapers as to smokers. Two pathways were available: evidence-based behavioural support and nicotine replacement therapy (NRT), which had been rolled out mainstream from April 2025. Outreach teams had also engaged with secondary schools, with the hope of expanding provision across the region. The agreed position was clear: those who smoke should be encouraged to quit through vaping, but those who do not smoke should not take up vaping.

The Redcar and Cleveland's Trading Standards Officer reported that vapes were governed by legislation and disposable vapes should not now be sold in retail premises. Test purchases were conducted with adults and children, and tobacco detection dogs were deployed. Enforcement powers included seizure of products and closure orders of three to six months.

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Members were advised that counterfeit products were identified as a major issue, often linked to organised crime, with concealments and offsite storage used. Since April 2023, significant seizures had been made, including half a million cigarettes from a flat in Middlesbrough. Despite strong partnerships with HMRC and use of CCTV, resource limitations remained a challenge. It was noted that disposable vapes continued to be sold under the counter, and intelligence from the public was vital.

Members discussed the wider policy context, noting the Tobacco and Vapes Bill progressing through Parliament. Concerns were raised about rising youth vaping, with suggestions that a requirement for nicotine-based vapes to be made prescription only could help to reduce illegal access. The Committee welcomed outreach work in schools and acknowledged the Panorama documentary highlighting teenage vaping.

Middlesbrough's Trading Standard Officer confirmed that premises had to be licensed to sell regulated products and HMRC assumed responsibility for duty. It was noted that there had been no significant change in consumer use since the introduction of the disposal vape ban in June 2025. Members commended the information requested and formally requested that the data requested from Stockton's Trading Standards Team be circulated.

The Committee discussed the issue of illegal vapes containing spice. It was noted that these products were not reflected in the published figures. Trading Standards reported that such items were treated as drug paraphernalia, highlighting the lengths to which illicit suppliers would go. Members acknowledged that these vapes contained zero nicotine and that packaging would never disclose their true content, confirming their illicit nature.

Members were informed that schools and substance use teams continued to engage with pupils, addressing any incidents relating to illicit substance use. It was observed that spice was not typically found in disposable vapes but rather in rechargeable devices, which Trading Standards would not purchase.

The Committee resolved to support the Nicotine and Tobacco Bill by adding signatures to the national letter prior to its formal submission.

AGREED that the information presented be noted and requested data circulated.

The Senior Democratic Services Officer advised that representatives from the Community Diagnostic Centre in Stockton had offered to facilitate a

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visit for the Committee on either Thursday 23rd or Friday 24th October 2025. Both options would be emailed to all Members of the Committee, and the necessary arrangements made for a visit to be held on the preferred date.

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

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WINTER PLAN UPDATE - NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE BOARD

Members received an update on the Tees Valley Winter Plan for 2025/26, which had been developed as part of the wider North East and North Cumbria (NENC) Integrated Care Board (ICB) system approach and coordinated across all partner organisations. It was noted that the Local Accident and Emergency (A&E) Delivery Board retained oversight of the plan, which had been aligned with Local Authorities' priorities and shared through Health and Wellbeing Boards. Assurance had been provided by the NENC ICB, with regional stress-testing exercises completed in September. Members were informed that the plan had been formally signed off earlier in the week.

Members were advised that seven key priorities had been identified to support urgent and emergency care (UEC) improvements, extending beyond A&E delivery. These included prevention, enhanced access to pharmacy services, Acute Respiratory Infection (ARI) hubs, and hospital-at-home models. A pilot between North and South Tees had supported care coordination, with a focus on retaining patients in their own homes wherever possible.

It was highlighted that respiratory pathways had been strengthened, with targeted support for high-risk COPD patients previously provided across nine practices, now expanded. ARI hubs were to be mobilised from 3 November. It was noted that the provision of the urgent treatment centres in South Tees had improved patient flow, alongside collaboration with GP federations and expanded same-day emergency care pathways. Paramedics were now able to refer directly to same-day services, bypassing A&E.

In addition, the "Call Before Convey" pilot in North and South Tees aimed to reduce unnecessary hospital admissions. Additional urgent care capacity had been planned for bank holidays, with continued efforts to provide safe alternatives to hospital-based care. Mental health services were working to prevent any delays in A&E exceeding 24 hours, ensuring patients were placed appropriately.

Regarding seasonal vaccination campaigns these had commenced under the "Be Wise – Immunise" banner, with promotion across GP practices,

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staff groups, and partner organisations. Public Health Teams and Local Authorities were monitoring infectious disease trends, with pharmacies supporting self-care and timely prescription management.

It was noted that communications were coordinated regionally, with local NHS Trusts amplifying messages around Urgent Treatment Centre availability and integrated care options. A system control centre was in place to oversee performance and adapt messaging as required.

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

- Members raised concerns about ensuring eligible groups maximised uptake of seasonal vaccinations. Members were advised that promotion was supported through GP practices and that further data could be provided via health protection figures.
- Clarification was sought regarding urinary tract infection (UTI) pathways, which were noted to apply primarily to women in uncomplicated cases. It was confirmed that further clarification would be sought and an update provided to Members via email.
- Members queried the variation in COVID-19 and flu vaccine scheduling. It was advised that this was attributed to vaccine availability and recall processes.
- Members queried the omission of data relating to the shingles vaccination in the documentation. It was confirmed that health professionals had attended community spaces to promote availability and that the shingles vaccination was available from age 70. Clarification was sought on whether there was a need for 2 doses of the vaccine. It was advised that further information would need to be sought from the vaccination lead and provided to Members following the meeting.

AGREED that the information presented be noted and that:-

- a) Information regarding UTI pathways to be obtained and the response shared with Members.
- b) Clarification to be provided to Members regarding the required dosage for the shingles vaccination.

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ANY OTHER ITEMS WHICH THE CHAIR CONSIDERS URGENT

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