Middlesbrough moving forward | **Legal and Corporate Services**

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE (TVJHS)

Date: **Thursday 23rd July, 2026**
Time: **10.00 am**
Venue: **Mandela Room, Middlesbrough Town Hall**

AGENDA

Charlotte Benjamin
Corporate Director of Legal and Corporate Services

Town Hall
Middlesbrough
Date Not Specified

MEMBERSHIP

Councillors D Jackson (Chair), D Branson, J Kabuye, N Johnson, M Layton, H Scott, N Anderson, D Bruce, M Jorgeson, C Cawley, S Crane, B Hunt, M Besford, J Coulson and L Hall

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Claire Jones, (01642) 729112, claire_jones@middlesbrough.gov.uk

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE (TVJHS)

A meeting of the Tees Valley Joint Health Scrutiny Committee (TVJHS) was held on Tuesday 2 June 2026.

PRESENT:	Councillors D Jackson (Chair), D Branson, J Kabuye, M Layton, N Anderson, M Jorgeson, C Cawley, S Crane, J Coulson and L Hall
ALSO IN ATTENDANCE:	C Balazs, Y Sultana-Khan - NHS England S Harigopal – Northern Neonatal Network C Blair - North East & North Cumbria Integrated Care Board J Connor, R Metcalf, M Neligan and A Oxley – University Hospitals Tees NHS Foundation Trust J Todd, Tees, Esk and Wear Valley NHS Foundation Trust
OFFICERS:	C Jones, S Lightwing, J Stevens, C Breheny and G Woods
APOLOGIES FOR ABSENCE:	Councillors N Johnson, H Scott, D Bruce, C Hannaway and M Besford

1 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

2 **APPOINTMENT OF CHAIR 2026/27**

Members were invited to make nominations for the position of Chair of the Tees Valley Joint Health Scrutiny Committee for 2026/2027.

Councillor Kabuye was nominated for the position of Chair.

Councillor Jackson was nominated for the position of Chair.

A vote was taken, and Councillor Jackson received the majority of votes cast.

RESOLVED that Councillor Jackson be elected as Chair for the Tees Valley Joint Health Scrutiny Committee for 2026/27.

3 **APPOINTMENT OF VICE CHAIR 2026/27**

Members were invited to make nominations for the position of Vice Chair of the Tees Valley Joint Health Scrutiny Committee for 2026/27.

Councillor Johnson was nominated for the position of Vice Chair.

Councillor Scott was nominated for the position of Vice Chair.

A vote was taken, and the result was tied. Following discussion, Members agreed that the appointment of Vice Chair be deferred to the next meeting of the Committee.

RESOLVED that consideration of the appointment of Vice Chair for 2026/27 be deferred to the next meeting of the Tees Valley Joint Health Scrutiny Committee.

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

The Democratic Services Manager presented a report setting out the Tees Valley Joint Health Scrutiny Committee Protocol and Terms of Reference.

The Protocol and Terms of Reference, attached at Appendix A, are presented to the Tees Valley Joint Health Scrutiny Committee at the beginning of each municipal year. The Committee was asked to consider whether any changes or amendments were required prior to adoption for the 2026/27 municipal year.

A Member raised a query regarding the wording of the protocol at paragraph 9, relating to substitute attendance, specifically seeking clarity around the circumstances in which substitutes may attend meetings and whether voting rights applied. It was noted that the intention was for the arrangements to be consistent with the Constitutions of the constituent authorities, and it was agreed that individual Councils would be asked to review the position locally.

A further query was raised in relation to paragraph 16 of the protocol, concerning the appointment of the Chair of the Committee. A Member expressed the view that the Chair of the Tees Valley Joint Health Scrutiny Committee should be the current Chair of the administering authority's health scrutiny function. It was agreed that further clarification was required on this point.

The Committee agreed that legal and Monitoring Officer advice would be sought to provide clarity on these matters, and that the Protocol and Terms of Reference would be reconsidered at a future meeting.

RESOLVED that:

1. Relevant legal and Monitoring Officer advice be sought in respect of the Protocol and Terms of Reference.

2. The Protocol and Terms of Reference be resubmitted to a future meeting of the Committee for consideration and approval.

5 **MINUTES OF THE MEETING HELD ON 12 MARCH 2026**

The minutes of the Tees Valley Joint Health Scrutiny Committee meeting held on 12 March 2026 were submitted and approved as a correct record.

NOTED.

6 **DELIVERY OF NEONATAL CARE ACROSS NORTH EAST AND NORTH CUMBRIA REGION**

The Committee received a presentation providing an update on neonatal services across the North East and North Cumbria. Representatives from the Northern Neonatal Network, NHS England Specialised Commissioning and the North East and North Cumbria Integrated Care Board were in attendance to deliver the presentation.

By way of introduction, the representatives provided an overview of neonatal critical care services, explaining that this included intensive care, high dependency care and special care for newborn babies requiring ongoing hospital admission following birth. It was highlighted that services were delivered through a networked model across the region, with care provided based on clinical need and cot availability, which could result in families travelling to access specialist care. Members were advised that a dedicated neonatal transport service was in place to support the safe transfer of babies between units.

The Committee heard that neonatal services operated across a number of hospital sites within the Northern Neonatal Network, comprising Neonatal Intensive Care Units, Local Neonatal Units and Special Care Units. Background information was provided in relation to the Neonatal Critical Care Review, published in 2019, which aimed to standardise neonatal services nationally in line with defined service specifications. It was noted that, following direction from NHS England, a regional review had been undertaken to ensure compliance with these standards.

Members were informed of the proposed changes required across the region to align with national requirements. This included increasing the admission threshold within a number of Special Care Units from 30 to 32 weeks gestation, and the re-designation of Sunderland

Neonatal Intensive Care Unit to a Local Neonatal Unit, with a corresponding change to its admission threshold. It was reported that these changes were intended to ensure consistent standards of care and improve outcomes for babies

.

The Committee was advised that, while babies already moved across the region to access appropriate care, the proposed changes were expected to have a limited impact in terms of additional transfers. It was estimated that a small number of babies from the North Tees and Darlington areas would require care at alternative sites each year, representing less than 1% of total births.

In terms of patient and family impact, the Committee heard that feedback had highlighted the importance of clear communication, early information and support for families, including travel and accommodation arrangements. Work had been undertaken to review available support services across all sites, and assurances were provided that appropriate facilities and support were in place. Ongoing engagement with families and patient representatives had also been undertaken to inform the proposals and implementation planning.

The Committee noted that the proposals were supported by system partners, including NHS England, the Integrated Care Board and provider organisations. It was further reported that implementation of the pathway changes was anticipated during summer 2026, with continued engagement and monitoring of patient experience to accompany the transition.

A Member expressed appreciation for the briefing paper and welcomed the extent of consultation that had been undertaken. However, the Member challenged the assertion regarding declining birth rates in the Tees Valley, suggesting that this did not fully reflect the local position.

The Member further queried the position in relation to staffing, including how findings from the Ockenden Review had been reflected, and emphasised the importance of ensuring that staffing levels and supporting services remained robust.

In response, representatives advised that staffing continued to be a key consideration across all units. It was highlighted that, although staffing pressures were recognised across the wider system, there were very few occasions where cots were closed due to staffing shortages. The Committee was assured that the majority of the time, services operated without significant staffing issues and that appropriate staffing mixes were carefully monitored through both monthly and quarterly national reporting processes.

It was further explained that, following the re-designation of services at North Tees, appropriate staffing arrangements had been put in place and continued to be reviewed. Representatives added that, in some cases, babies required transfer to other units for higher levels of care; however, this ensured access to more specialised support for those with greater clinical need, with babies returned to local units when appropriate.

A Member queried whether engagement had taken place with voluntary organisations, specifically Neo Angels, and highlighted the positive support such groups provided to residents and young families. The Member expressed a view that these organisations should be recognised as part of the wider support offer. Representatives advised that, as part of the reconfiguration process, there had not been direct consultation with individual charities. However, it was noted that no adverse feedback had been received from voluntary organisations. The Committee was assured that the support provided by such groups was valued, and that care coordinators within the neonatal network played a key role in signposting and ensuring families were able to access appropriate support services where required.

A Member queried neonatal capacity pressures and the potential impact of the proposed changes, particularly given that James Cook University Hospital and the Royal Victoria Infirmary were the main neonatal intensive care centres. The Member queried how often babies might be transferred between units, the number of moves a baby could experience, and the impact on families from areas such as East Cleveland where public transport links were limited. Reference was also made to challenges in attending diagnostics and appointments, and the need to be mindful of vulnerable mothers and families.

Representatives advised that leadership teams were aware of these challenges and emphasised that a key focus of the proposed changes was improved communication with families, ensuring that mothers were kept well informed throughout the care pathway. It was

confirmed that special care units would continue to care for babies from 33 weeks gestation and above, with babies requiring higher levels of care transferred appropriately, and that these issues had been considered as part of the review.

Representatives explained that neonatal intensive care was a highly specialised service delivered through fewer specialist centres in line with national standards. It was highlighted that the regional model aimed to keep babies as close to home as possible, with care provided at centres such as Newcastle and James Cook, rather than transfers outside the region. Cot capacity was modelled at a regional level and was considered sufficient overall, with transfers outside the region now occurring very rarely.

A Member queried references within the presentation to a lack of regulatory support for alternative service models. Representatives advised that specialised neonatal services were nationally prescribed and that regulators did not support deviation from national service specifications, meaning providers were required to align services with nationally agreed models of care.

A Member raised questions regarding accommodation for families, particularly for those requiring longer stays away from home, and the importance of recognising the link between neonatal and postnatal support for mothers. Representatives advised that accommodation arrangements were discussed regularly with providers and that work was ongoing to improve facilities where possible. It was reported that accommodation in Newcastle was used around 70% of the time and that capacity was consistently available. Representatives acknowledged that issues such as financial support, car parking and access to food could be challenging and confirmed that families were signposted to relevant charities and voluntary organisations for additional support.

RESOLVED that:

1. The update on neonatal services be noted.

7 **UNIVERSITY HOSPITALS TEES - QUALITY ACCOUNT 2025-2026**

The Committee received a presentation from the Deputy Chief Executive and Chief Strategy Officer, the Deputy Director of Quality, and the Deputy Director of Nursing, of University Hospitals Tees NHS Foundation Trust, providing an overview of the Quality Account for 2025/2026, covering services delivered across South Tees Hospitals NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust.

Members were advised that this was the second full Quality Account produced since the formal establishment of University Hospitals Tees as a hospital group. It was reported that a single Quality Account had been developed to reflect shared quality priorities, performance and achievements across both Trusts, while maintaining local accountability and site-specific transparency. Members were advised that residents would continue to access services at their local hospitals, although service delivery would increasingly take place across all University Hospitals Tees sites.

The Committee was informed that the purpose of the Quality Account was to provide assurance on quality, safety and patient experience, summarise performance across the South Tees and North Tees and Hartlepool localities, and highlight progress, challenges and next steps.

Members received an overview of the Trust's shared Quality Priorities for 2025/2026, structured around patient safety, clinical effectiveness and patient experience. It was reported that a number of priorities had been carried forward from the previous year, alongside new priorities focused on reducing healthcare-associated infections and embedding infection prevention and control practices.

Information was provided on patient safety and learning from incidents, including the implementation of the Patient Safety Incident Response Framework, improvements in incident reporting arrangements through a unified system, and progress in medication safety. Members were advised of reductions in medication omissions, the continued roll-out of electronic prescribing and medicines administration, and ongoing work to strengthen antimicrobial stewardship.

The Committee heard updates on infection prevention and control, including actions taken to reduce Clostridioides difficile and other infections, strengthened audit and compliance arrangements, and the continued use of deep-clean and decant programmes. Learning from deaths and mortality processes were also outlined, with Members advised that mortality review arrangements had been strengthened through increased resources, revised governance structures and a single learning framework across University Hospitals Tees.

Members were provided with information on clinical effectiveness and audit activity, including compliance with NICE guidance and the introduction of strengthened oversight arrangements. Updates were also provided on patient experience and complaints, including improvements in Friends and Family Test scores, enhanced oversight of complaints handling, and actions taken in response to patient feedback.

The Committee noted the work undertaken in relation to mental health and vulnerable groups, including the implementation of a joint Mental Health Strategy, suicide prevention initiatives, staff training and trauma-informed care. Updates were also provided on urgent and emergency care performance, including improvements to patient flow, ambulance handover delays and the operation of urgent treatment centres and emergency assessment services.

Members were advised of proposed changes to Quality Priorities for 2026/2027, including the discontinuation of some priorities where actions had been completed, and the revision and continuation of others to allow for further embedding and delivery. It was emphasised that patient safety, patient experience and clinical effectiveness would remain central to the Trust's quality improvement work moving forward.

A Member queried whether recent and planned investment represented value for money. Representatives advised that capital investment was a necessary and integral part of the Trust's strategy, particularly given that the North Tees estate was approaching the end of its operational life. It was explained that, while a potential new hospital build could take up to ten years to deliver, it remained important to continue maintaining and investing in the existing estate in the interim, with some improvements expected to form part of any future configuration. Members were advised that a Strategic Outline Case, setting out estate options across University Hospitals Tees and community sites, had been presented to the Trust Board within the previous two months, and that this work was being progressed in collaboration with the Integrated Care Board and other commissioners.

A Member congratulated the Trust on the awards received, particularly in relation to dementia services, and welcomed the positive Freedom to Speak Up culture, noting the importance of staff being able to raise concerns face to face.

The Member queried the scope of electronic prescribing and whether this mainly related to hospital-based prescribing, asking how the Trust ensured a full picture of patients' medications, including prescriptions from GPs and dentists, particularly in relation to antibiotic use. Representatives advised that there was a strong focus on medicines reconciliation. It was explained that pharmacists undertook discussions with patients at the point of admission and again at discharge to ensure an accurate and comprehensive understanding of medication use.

A Member raised concerns that A&E waiting times remained high and emphasised the need for continued improvement. Representatives advised that patients were prioritised according to clinical need and moved as required to support safe care and patient flow. It was explained that a review process was in place for patients waiting between 35 and 45 minutes, with those assessed as "fit to sit" moved to free up cubicle capacity. Representatives added that work to eliminate corridor care continued, with fewer instances reported over the previous winter, and that a range of initiatives, including a Care Home Project, were in place to support care in community settings and reduce unnecessary attendance at the Emergency Department.

A Member raised concerns regarding performance against the 62-day cancer pathway at North Tees, noting that it was significantly below target. The Integrated Care Board representative advised that increased demand across the Durham and Darlington patch had contributed to pressures on the pathway. It was reported that work was ongoing with hospital trusts to provide assurance on recovery plans and to manage patient pathways in clinical priority order.

A Member raised concerns regarding staff morale, noting a reduction in response rates and results over recent years. Reference was made to declining Staff Friends and Family Test

scores, and the importance of ensuring a resilient and motivated workforce to support patient care. The Member queried whether there was an underlying reason for the year-on-year decline. Representatives acknowledged the concerns raised and advised that staff morale was a complex and multifaceted issue. It was recognised that the impacts of COVID-19, wider societal pressures, cost-of-living challenges and changes to working lives had contributed to the current position. While acknowledging that the figures were a concern, representatives emphasised that the Trust took staff experience seriously and was seeking to focus efforts on areas where meaningful improvements could be made.

A Member referred to the previous Patient and Carer Experience Council in Stockton and queried how feedback from the current engagement arrangements could be reported to the Committee to support effective scrutiny. The Member suggested that such feedback should also be reflected within future Quality Accounts. Representatives acknowledged the comments and confirmed that the feedback would be considered.

A Member commented on the length of the Quality Account following the merger of the Trusts, expressing concern that clearer and more specific targets were required and noting that dementia appeared to be referenced relatively infrequently within the report. Representatives acknowledged the Member's comments and confirmed that the feedback would be taken into account.

RESOLVED that:

1. The Quality Account 2025/2026 for University Hospitals Tees NHS Foundation Trust be noted.

2. A formal response to the Quality Account be drafted on behalf of the Committee and submitted to University Hospitals Tees NHS Foundation Trust, with the draft circulated to Members for information and the Chair authorised to approve and sign the final response.

8 **UNIVERSITY HOSPITALS TEES - PLANNED WORKFORCE REDUCTIONS**

The Committee received a presentation from the Deputy Chief Executive and Chief Strategy Officer, and the Chief People Officer, University Hospitals Tees NHS Foundation Trust, providing an overview of the Trust's planned workforce reductions for 2026/2027.

By way of context, Members were advised of the national and strategic challenges facing the NHS, including ongoing economic pressures, rising costs, workforce growth since 2019/20, and the requirement for a financial and productivity reset. It was reported that, while activity levels were broadly comparable to pre-pandemic levels, workforce expansion and declining productivity had contributed to significant financial pressures across the system.

The Committee heard that University Hospitals Tees had experienced workforce growth of 2,833 whole-time equivalent posts since 2019/20, linked to additional commissioned activity, quality and safety improvements, and COVID-related workforce increases. Members were advised that the Trust's Medium-Term Financial Plan required delivery of significant cost improvement savings, including a £90m cost improvement programme in 2026/27, with staffing costs representing approximately 65% of overall expenditure.

It was reported that, as part of these plans, the Trust was required to reduce its workforce by 558 whole-time equivalent posts during 2026/27, representing approximately 3.7% of the workforce. Members were advised that workforce reductions were aligned with service redesign, vacancy assumptions and voluntary exits, with guiding principles in place to prioritise patient safety and deliver reductions through voluntary means wherever possible. A voluntary redundancy scheme had been launched in May 2026 and had recently closed to applications. The scheme was operating alongside a vacancy freeze and wider cost improvement plans.

The Committee was informed of the Trust's approach to workforce productivity, including reducing reliance on bank and agency staffing, improving sickness absence rates, and delivering service redesign to support more efficient models of care. It was highlighted that both Trusts benchmarked as highly productive within the North East, although further productivity improvements were required to deliver sustainable services within available resources.

Information was also provided on workforce turnover and sickness absence. Members were advised that turnover rates remained relatively low and were being used as part of workforce planning to minimise compulsory redundancies. Sickness absence was acknowledged as an area for improvement, with actions in place to reduce absence levels through strengthened management processes and revised policies.

A Member queried the ambition to achieve a 30% reduction in agency staffing and sought clarification on current agency spend. Representatives advised that the majority of agency staff were sourced through NHS Professionals. It was explained that NHS Professionals staff were employed on Trust terms and conditions, with no enhanced rates paid, and that overall agency spend was already relatively low. Representatives added that further reductions would be challenging, as agency use was largely limited to small numbers of specialist medical roles. It was confirmed that there had been no recent increases in rates through NHS Professionals.

A Member raised concerns that student nurses were being advised that there were currently no substantive nursing posts available, with some encouraged to delay registration and instead work on the bank. It was noted that this could result in students completing their training without securing permanent employment. Representatives advised that the Trust had a strong and established relationship with Teesside University, which was regarded as a key source of the local nursing workforce. It was reported that, in the previous year, the Trust had offered guaranteed employment to newly qualified nurses, although this approach was not being mandated nationally for the current year. Representatives explained that anticipated retirements and natural turnover were being taken into account, and that vacancies were being managed to support future recruitment opportunities for newly qualified nurses.

A Member queried the Trust's plans to move towards a more proactive care model, including increased delivery of care within community settings, and whether the workforce had the necessary experience to support this shift. In response, representatives advised that some staff already had experience of working in community-based and proactive care models. However, it was acknowledged that the future workforce would require broader, more multi-skilled roles. Members were advised that this shift could influence how roles developed over time and may also inform future changes to nursing education and training. It was confirmed that discussions would continue with Teesside University to ensure workforce development aligned with future service needs.

A Member highlighted concerns regarding the potential impact of workforce reductions on waiting times and sought assurance regarding the future of the Rowan Suite and emergency care provision in Hartlepool. In response, representatives advised that Hartlepool continued to form an integral part of the Trust's strategic plans moving forward.

RESOLVED that:

1. The update on planned workforce reductions at University Hospitals Tees NHS Foundation Trust be noted.

9 **ADULT EATING DISORDER SERVICES REVIEW – TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST (TEWV)**

The Committee received a presentation from the Director of Operations and Transformation, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) which provided an overview of adult eating disorder services and outlined a review of the current model of care across the North East and North Cumbria.

Members were informed that adult eating disorder services were delivered through a Provider Collaborative arrangement between TEWV and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. It was reported that recent service data demonstrated a sustained reduction in demand for inpatient care, alongside increased use of community-based and intensive alternatives.

The Committee heard that a formal engagement process had commenced to review the existing pathway and service model. This work aimed to understand what was working well, identify opportunities for improvement and ensure an appropriate balance between inpatient, day and

community-based care. Members were advised that engagement involved people with lived experience, families and carers, staff and system partners through surveys, workshops, events and data review.

Information was provided on the current service configuration, including inpatient provision and the operation of intensive day services and outreach models. Members were advised that commissioned inpatient capacity currently stood at 20 beds across the region, and that changes to ward provision had created an opportunity to review the balance between inpatient and community services. It was reported that investment in intensive day services had coincided with a reduction in inpatient bed occupancy.

The Committee was informed of the key areas under consideration as part of the review. These included rebalancing inpatient and community provision, strengthening community and home-based services, exploring seven-day service models, expanding intensive day services as alternatives to admission, and addressing variation in service provision across the region.

Members were advised that no decisions had been made at this stage and that patient safety, access to inpatient care when clinically required, and equity of provision across the region remained core principles.

A Member queried travel times and transport links from Skinningrove to Darlington, and highlighted the importance of engaging with elected Members in areas served by Brotton Hospital, noting that the hospital also served residents in North Yorkshire. The Member suggested that these factors should be considered when exploring the expansion of day services. In response, the Director of Operations and Transformation thanked the Member for the helpful feedback and advised that adult eating disorder services were highly specialised. It was confirmed that geographical access, transport considerations and engagement with local elected Members would be taken into account as part of the ongoing review process.

A Member asked whether the voluntary sector had been engaged as part of the review. It was confirmed that voluntary organisations had been a central part of the engagement process and had played a significant role in shaping both the engagement activity and the emerging review work.

A Member queried how transitions between children's and adult eating disorder services were managed, and how effective links were maintained between the two pathways. The Director of Operations and Transformation advised that children's and adult services worked very closely together and that a clear transition pathway was in place. It was highlighted that there was a strong ambition to support early intervention and recovery within children's services, with the intention that young people would be supported to recover and not require ongoing eating disorder services into adulthood.

RESOLVED that:

1. The update on the review of adult eating disorder services be noted.

10 **WORK PROGRAMME 2026/27**

The Committee considered its draft Work Programme for the 2026/2027 municipal year. Members reviewed the current programme, which included standing items alongside those previously agreed by the Committee.

Members were invited to advise of any additional items of interest they wished the Committee to consider. It was explained that suggestions could be raised during meetings or submitted directly to the Democratic Services Officer via email. The Committee was further advised that the Democratic Services Officer would contact all Members by email to invite and collate suggestions for future agenda items, which would then be reported back to the Committee as part of the ongoing work programme review process.

During the discussion, a Member requested that 'Accessing Specialist Community Perinatal Mental Health Services' be included as an agenda item for the next meeting of the Committee, scheduled to take place on 23 July 2026.

RESOLVED that:

1. The Work Programme for the Tees Valley Joint Health Scrutiny Committee for the 2026/2027 municipal year be noted.

2. ‘Accessing Specialist Community Perinatal Mental Health Services’ be included as an agenda item for the meeting scheduled to take place on 23 July 2026.

11 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

There were no items certified as urgent by the Chair.

NOTED.

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Accessing Specialist Community Perinatal Mental Health Services
Report to: Tees Valley Joint Health Scrutiny Committee
Report from: Democratic Services
Decision Type: Committee

HEADLINE POSITION

1. Summary of report

1.1 The Tees Valley Joint Health Scrutiny Committee is receiving a presentation from representatives of North East and North Cumbria Integrated Care Board (ICB) and Tees, Esk and Wear Valleys NHS Foundation Trust regarding access to Specialist Community Perinatal Mental Health Services across Tees Valley.

1.2 The presentation provides an overview of the specialist perinatal mental health pathway, service performance, commissioning arrangements, service developments and future challenges. It also includes contributions from individuals with lived experience of the service.

2. Recommendation

2.1 It is recommended that Members note the information provided and consider the issues raised within the presentation.

3. Background

3.1 Specialist Community Perinatal Mental Health Services provide assessment, treatment and support for women experiencing severe and complex mental health difficulties during pregnancy and following childbirth. The service also provides pre-conception advice, specialist prescribing support and psychological interventions, working closely with maternity, primary care and wider mental health services.

3.2 The presentation outlines the current service model across Tees Valley, progress in expanding access to specialist services, and the introduction of Maternal Mental Health Services to support women experiencing birth trauma, perinatal loss and severe fear of childbirth. It also highlights performance information, examples of good practice, patient feedback, and future opportunities and challenges for the service. Representatives from the ICB, Tees, Esk and Wear Valleys NHS Foundation Trust, and individuals with lived experience will be in attendance to present the information and respond to Members' questions.

4. Background Papers

4.1 There are no background papers to this report.

5. Contact Officers

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Tees Valley Joint Health Scrutiny Committee

Accessing Specialist Community Perinatal Mental Health Services

July 2026

journey to change

NHS North East and North Cumbria

Perinatal & Maternal Mental Health service positioning in sector wide commissioned provision

Low to Moderate need

Moderate to Severe need

Universal Services	Psychological support
• Health visitors • Primary Care • Midwives • Community support • Family Hubs	• NHS Talking Therapies • Parent Infant mental health services
Enhanced Support	**Specialist Support**
• Birth Reflections • Bereavement midwives • Perinatal midwives • Obstetric mental health clinics • Enhanced health visiting • Early Help	• Maternal Mental Health Services • Specialist Community Perinatal Mental Health Team • Mother and Baby Unit

NHS
North East and North Cumbria

Perinatal and Maternal Mental Health Objectives

1. Expanding Access: The overarching goal is to support over 66,000 women each year with moderate-to-severe or complex perinatal mental health (PMH) issues.

The NENC annual share of the national trajectory is **3,176 women per year**

In 2025/26 **2,435 women accessed services** which is a 21.8% above the ICB plan for the year

The ICB has increased investment to support an increase in access

Perinatal and Maternal Mental Health Objectives

NHS North East and North Cumbria

2. **Seamless Continuity of Care:** To bridge gaps between maternity and psychological services, NHS England has established Maternal Mental Health Services (MMHS). These pathways are tailored to actively treat birth trauma, tokophobia (severe fear of childbirth), and perinatal loss (including miscarriage and stillbirth).

The NENC had two **early adopter** sites testing MMHS

The ICB provided **investment** to scale up the early adopter model in stages.

Teesside services have **commenced delivery** with one hub across North and South Tees and Durham and Darlington are in the implementation process

NHS North East and North Cumbria

ICB commissioning intentions and implementation of investment in Tees Valley

- The ICB undertook a commissioning intentions exercise in 2024/25 to understand the current baseline and to assess if funding levels across the NENC provided an equity of service.
- Funding was provided for two areas of service provision in Tees Valley as follows:
  - **Perinatal:** Tees Valley Specialist Community Perinatal Mental Health Services
  - **Maternal Mental Health:** North and South Tees development and delivery and County Durham and Darlington development and delivery

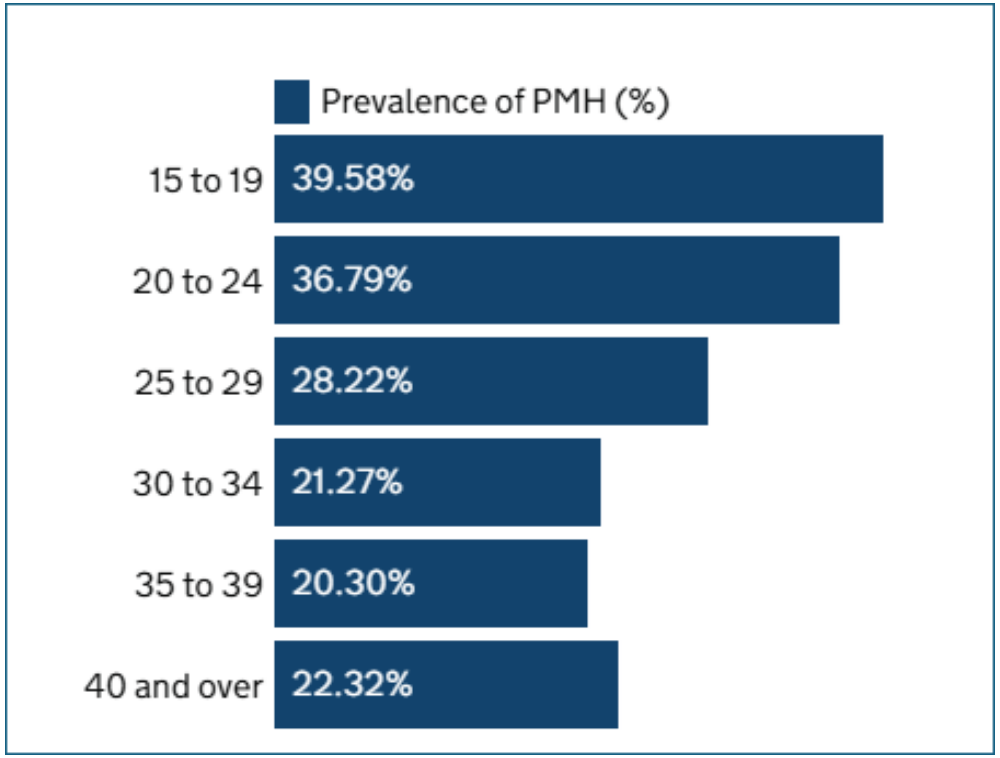
Tees, Esk and Wear Valleys
NHS Foundation Trust

Tees Valley Specialist Perinatal Mental Health Service Overview

journey to change

Perinatal Mental Health – Prevalence

The most recent published prevalence data indicates that the national average indicates 26% of women/birthing people will experience Perinatal Mental Health conditions.



Overview of Services within Tees Valley

Mental health support to women with complex and severe mental illness during pregnancy and following birth.

Tees Valley

Birth Population – 6,690 (2016) – 5,853 (2022)

Darlington

Birth Population – 1,154 (2016) – 1,032 (2022)

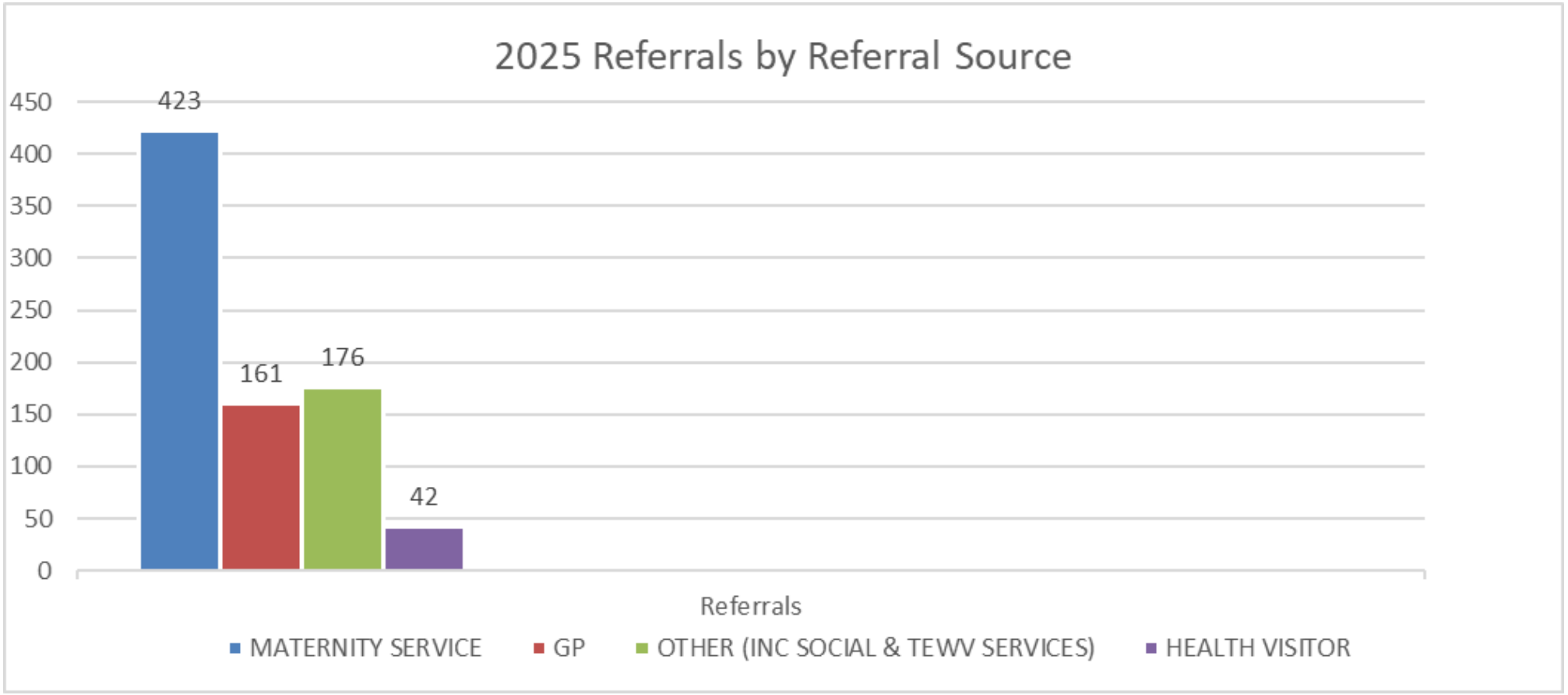
Combined birth rate 7,844 (2016) – 6,885 (2022)

Overview of Services within Tees Valley

We see women who are pregnant or postnatal up to 12 months (up to 24 months for those with an identified therapeutic intervention need) and these women have:

- Tried first line interventions
- Those with a significant mental health history
- Have a diagnosis of bipolar type, post partum psychosis, schizophrenia or any other psychotic illness
- Women who have had or currently have had an inpatient admission- including MBU
- Specialist prescribing advice
- Pre-conception advice

Referral Sources



journey to change

Current Performance in Tees Valley

Tees, Esk and Wear Valleys
NHS Foundation Trust

Perinatal Mental Health Dashboard

Access

Version: 1.3

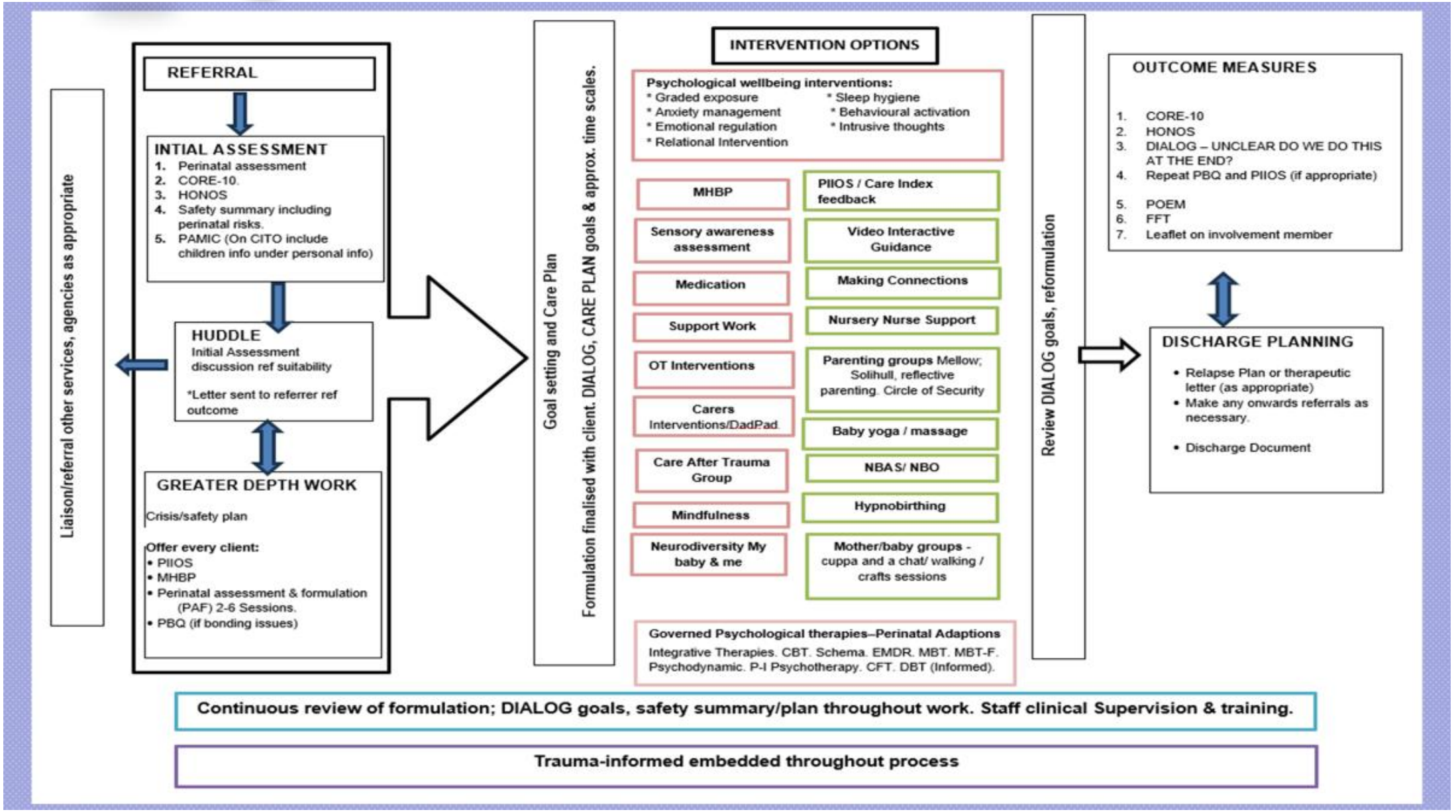
Organisati... Sub ICB | Organisati... NHS TEES VALLEY (16C)

'Access' is defined as at least one face to face or video conferencing 'contact' with a specialist perinatal mental health service at any point in the financial year. At a National level, women can only be counted once in each financial year, even if they receive multiple episodes of care.

Perinatal rolling 12 month access & Perinatal and Maternal Mental Health Services (MMHS) combined rolling 12 month access

*Specialist Perinatal Community Service only. MMHS data not yet flowing to data set

Pathway


Liaison/referral other services, agencies as appropriate
REFERRAL
INTIAL ASSESSMENT
1. Perinatal assessment
2. CORE-10.
3. HONOS
4. Safety summary including perinatal risks.
5. PAMIC (On CITO include children info under personal info)
HUDDLE
Initial Assessment discussion ref suitability
*Letter sent to referrer ref outcome
GREATER DEPTH WORK
Crisis/safety plan
Offer every client:
• PIIOS
• MHBP
• Perinatal assessment & formulation (PAF) 2-6 Sessions.
• PBQ (if bonding issues)
Goal setting and Care Plan
Formulation finalised with client. DIALOG, CARE PLAN goals & approx. time scales.
INTERVENTION OPTIONS
Psychological wellbeing interventions:
* Graded exposure
* Anxiety management
* Emotional regulation
* Relational Intervention
* Sleep hygiene
* Behavioural activation
* Intrusive thoughts
MHBP
Sensory awareness assessment
Medication
Support Work
OT Interventions
Carers Interventions/DadPad
Care After Trauma Group
Mindfulness
Neurodiversity My baby & me
PIIOS / Care Index feedback
Video Interactive Guidance
Making Connections
Nursery Nurse Support
Parenting groups Mellow; Solihull, reflective parenting. Circle of Security
Baby yoga / massage
NBAS/ NBO
Hypnobirthing
Mother/baby groups - cuppa and a chat/ walking / crafts sessions
Governed Psychological therapies–Perinatal Adaptions
Integrative Therapies. CBT. Schema. EMDR. MBT. MBT-F. Psychodynamic. P-I Psychotherapy. CFT. DBT (Informed).
Review DIALOG goals, reformulation
OUTCOME MEASURES
1. CORE-10
2. HONOS
3. DIALOG – UNCLEAR DO WE DO THIS AT THE END?
4. Repeat PBQ and PIIOS (if appropriate)
5. POEM
6. FFT
7. Leaflet on involvement member
DISCHARGE PLANNING
• Relapse Plan or therapeutic letter (as appropriate)
• Make any onwards referrals as necessary.
• Discharge Document
Continuous review of formulation; DIALOG goals, safety summary/plan throughout work. Staff clinical Supervision & training.
Trauma-informed embedded throughout process

Tees Valley MDT Provision

- Team Manager
- Consultant Psychiatrist
- Clinical Nurse Specialist/Advanced Nurse Practitioner
- Psychology & Psychotherapy
- Senior Mental Health Practitioners (Nurses, Social Worker, OTs)
- Occupational Therapist
- Nursery Nurse
- Support Worker and Assistant Psychologist
- Medical & Clinical administrators

Key areas of good practice

Support to patients:

- Pre Conception prescribing advice
- Specialist assessment, knowledge and skills around PMH
- Psychological wellbeing and governed therapies
- Evidence based Parent Infant interventions
- Partner's assessments offered
- Prescribing advice for patients on team caseload, and advice offered to other prescribers across DTV for pregnant and breast-feeding patients.

Key areas of good practice

Support and lead the wider internal and external systems:

- Teaching and training to Maternity staff, Mental Health teams, Urgent care, GP's, Trainees, Health Visitors & Local Authority staff.
- Safeguarding involvement with Local Authorities for both Children's & Adults services
- Formal links and joint working with the Mother and Baby Unit
- Family Hubs

Key areas of good practice

Teamwork:

- Experts by Experience and Involvement member groups
- Maternal Mental Health
- Collaborative working

Key areas of good practice

- Royal College of Psychiatrists' (RCPsych) Perinatal Quality Network (PQN)
- Tees Occupational Therapy (OT)
- Equality Diversity Inclusion working group.
- Read and reflect groups
- Support for doctoral research projects focused on Perinatal Mental Health.
- Recovery online- Perinatal mental health page Perinatal Mental Health information page - Recovery College Online
- Open University Supporting new mothers' mental health during the perinatal period | OpenLearn - Open University and Supporting parents through pregnancy and birth distress | OpenLearn - Open University

journey to change

Lived Experience

Journeys with Tees Perinatal Mental Health Team presented by Fern and Megan

journey to change

Jane & Courtney's Stories

Jane and Courtney received mental health support during their pregnancies and following the birth of their children.

It's important to talk
"Talking saves lives," says Courtney, who was referred into **Durham and Darlington Perinatal Mental Health Service** during her pregnancy, having previously had support from our Trust.

She has continued to work with the team following discharge from a mother and baby unit. She says: "Battling mental illness in silence is extremely difficult, with a newborn in tow it feels impossible. Talking is the way to get the help you need."

Jane also experienced recovery, through working with the specialist perinatal mental health service. She was asked at a midwife appointment if she would like to be under perinatal mental health during her pregnancy, due to having received mental health care previously. She says: "I didn't really know what it entailed but I am eternally grateful that I chose to be under perinatal."

Don't listen to people who say "just you wait." The women describe how the reality of parenthood can be different from what you may expect.

One of the tips Courtney gives is: "not to not listen to all the just you wait moments, as ultimately, everyone's experience during the perinatal period is different."

The two explore this experience in a poem they wrote to raise awareness.

Together, after speaking about their experiences and struggles, Courtney and Jane wrote the poem to highlight the emotional impact becoming a parent can have.

The pair hope the poem can raise awareness and understanding.

> **Battling mental illness in silence is extremely difficult, with a newborn in tow it feels impossible**

Jane & Courtney's Stories

Ask for support
If you're feeling anxious or depressed during pregnancy or after becoming a parent, the women recommend reaching out for support.

"Not being afraid to speak out and get the support you need is so brave," says Courtney. "When you're unwell it's a really scary place but having the correct support network in place is crucial. Family, friends and mental health nurses know the real well you. So, when you become unwell – like I did – they know to get you the correct help, even if you don't agree with it at the time," says Jane.

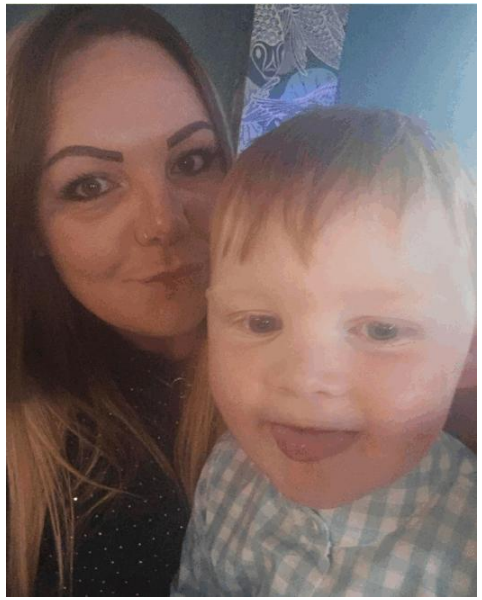
Be honest, even though it can be scary
"I think my biggest tip," says Courtney, "is to be honest no matter how scary that might be and to not be ashamed or afraid." Jane said: "People think the worst, however, with correct support you can be the most amazing mum."

Help and recovery is possible, although it may not feel like it now
Courtney says: "This work matters as I'm keen to help other people by using my lived experience. To advocate for hope and recovery when it feels like that isn't possible."

Jane shared: "The work really makes me proud of myself, from being seriously unwell to potentially helping others gives me a sense of purpose. I would really like to help other mothers like myself in the future."

Laura Wilkinson, Advanced Nurse Practitioner in the Durham and Darlington Perinatal Mental Health Service, says: "I'm really proud of Courtney and Jane. I feel so lucky to work with them again but in a different capacity. It's so important that women are able to use their voice during the most difficult times. Our experts by experience, like Courtney and Jane, want to help support and encourage women to reach out in order to help reduce the stigma attached to being unwell in the perinatal period.

"We are planning some very exciting future training events for staff using our experts by experience to help reduce stigma so hopefully we can reach more women in need and get them the service they all deserve to receive."



"I would really like to help other mothers like myself in the future"

Recovery College online

Following a miscarriage …my initial feelings were excitement and relief — we were finally going to have a baby… After a few weeks of living on the high ..I began to experience intrusive and unwanted thoughts about harming my baby once he was born….I struggled to sleep or concentrate, became increasingly agitated, and my mood dropped significantly. Eventually, this led to very dark thoughts about ending my life once my baby was born.

At the time I found out I was pregnant; I was under the care of adult mental health services and was transferred to the perinatal mental health team. Through this, I built a trusting relationship with my community psychiatric nurse and psychologist, which became an essential source of support. The thoughts I was experiencing were of a sexual nature, fears that I would sexually abuse my baby. This is an incredibly taboo subject and something I found extremely difficult and shameful to talk about. It took a great deal of courage to admit these thoughts were there at all. Instead of being judged or dismissed, I was met with understanding, reassurance, and care. I felt listened to and supported and was reassured that these thoughts were a symptom of distress and anxiety, not a reflection of who I am or an indication that I was a bad or dangerous person.

In therapy, we also gently touched on my personal history and the trauma I experienced growing up. For the first time in my life, I felt I was in a safe enough environment to begin discussing this. Having that space has given me the foundations I need to process my trauma and to “package it up” in a way that allows me to deal with it safely, at my own pace.

Following discharge from the perinatal team I have been able to reflect on my involvement with them and have come to realise I am a mum who fought through something terrifying, and I’m still growing and healing. My bond with my baby boy is strong, loving, and real. I no longer see myself as the danger but as a mum who is simply trying her best.

To read more go to www.recoverycollegeonline.co.uk/topics/perinatal-mental-health

Patient Feedback

"The Perinatal group helped me escape for the time I was there and feel somewhat 'normal'. It made me realise I am not alone. The staff are lovely and make me feel safe."

The team offered me lots ….a craft group, first aid with nursery nurse, baby massage, a care after trauma group, a mindfulness group, and 1:1 schema therapy. These things got me through …. I don't think I'd be in the place I am today if it wasn't for the team. I didn't have any family or social support, so I felt a bit isolated and overwhelmed, but the team were always there to support me when I needed them.

journey to change

Challenges & Opportunities

- Fall in birth rate
- Increasing complexity of patients
- Neurodiversity
- New MMHS (Maternal Mental Health Service)
- Missed appointments

Next Steps

- Continue to raise awareness of perinatal mental health
- To continue with the development of involvement member groups
- New MMHS
- Tees Valley service to 24 months

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

NHS
North East and
North Cumbria

Thank you

Any Questions?

journey to change

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University Hospitals Tees (UHT) – Case for Change and Strategy
Report to: Tees Valley Joint Health Scrutiny Committee
Report from: Democratic Services
Decision Type: Committee

HEADLINE POSITION

1. Summary of report

1.1 The Tees Valley Joint Health Scrutiny Committee is receiving a presentation from University Hospitals Tees (UHT) regarding its Case for Change and overall strategy. The presentation provides an update on progress since December 2025, outlines the key elements of the Case for Change, and describes potential changes to the model of care and next steps.

2. Recommendation

2.1 It is recommended that Members note the information provided and consider the issues raised within the presentation.

3. Background

3.1 UHT's Case for Change sets out the rationale for why it needs to redesign and develop its model of care in line with its Caring Better Together strategy. The presentation considers demand and capacity, performance variation, workforce sustainability, estate and financial challenges. The strategy describes three key shifts: increasing activity closer to home and in communities, maximising activity in surgical hubs, and the potential consolidation of some specialist clinical services at acute sites. UHT advises that no decisions have been made and that any proposed changes would be subject to appropriate engagement and consultation.

3.2 Representatives of UHT will be in attendance to present the information and respond to Members' questions.

4. Background Papers

4.1 There are no background papers to this report.

5. Contact Officers

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University Hospitals Tees (UHT): Case for Change and strategy

Tees Valley Joint Health Scrutiny
Matt Neligan, Deputy CEO and Chief Strategy Officer

23 July 2026

Aim of the session

- Provide an update on UHT's progress from the December 2025 meeting
- Share the key elements of the case for change
- Describe UHT's overall strategy and potential changes to our model of care, including next steps
- Highlight feedback from UHT's engagement activity in the first half of 2026, and how this will be integrated into our future work
- Get feedback from you on the proposals and process

Progress update since December 2025

Key activities and progress update

In the December Joint Scrutiny meeting, we reviewed the UHT strategy and key drivers for change, alongside an outline of emerging plans to develop services in line with the strategy. We summarised UHT's approach to engagement and our ambition to maintain strong dialogue and input with people living locally, as well as partner organisations. Since that meeting we have:

- Developed a **'Case for Change'** – a requirement for NHS organisations undertaking major service changes. This sets out the rationale for why we need to redesign and develop our model of care in line with our ambition that is set out in UHT's 'Caring Better Together' strategy

- **Gained support** for the direction of travel set out in the Case for Change, and received extensive input and advice from our ICBs in North East and North Cumbria (NENC) and Humber and North Yorkshire (HNY), the NHS England regional team, and the North East and Yorkshire Clinical Senate

- **Engaged extensively** with our local communities over their priorities and feedback on our services

- Carried out further work with clinical teams within the organisation, and with partners, to **plan service delivery** for the next three to five years, and agreed this with commissioners and NHS England

- Begun the development of the **'Pre-Consultation Business Case'** (PCBC), the next stage in the process for major service change. This will set out the specific proposals and options for how we may develop and transform services for patients to address the challenges outlined in our Case for Change

Case for change: Headlines

UHT's case for change sets out the various drivers that necessitate joined-up action to secure the sustainability of clinical services across the North Tees and Hartlepool (NTH) Trust and the South Tees Hospitals (STH) Trust.

The need for fundamental change in the way health services are provided across Teesside, East Durham and North Yorkshire has been acknowledged throughout the system and the region for many years. We need to take this opportunity to consider the case to make radical changes. More than a decade of work with the two individual Trusts led by commissioners and NHS England has shown that services in this region – and its surrounding areas – need to be transformed for the next generation through various means, including:

- **Considering re-shaping specialist delivery of services from our sites.** For example, the 2016 Better Health Programme recommended a consolidation of specialist hospital sites within three years

- **Increasing preventive, community and population health focus.** For example, the 2016 Sustainability Transformation Plan (STP) recommended health and social care hubs being located in communities

- **Structural solutions.** An external review carried out by Carnall Farrar in 2022 set out seven clear benefits for the two Trusts in collaborating more closely, including addressing disparities in provision of care, being better able to tackle poor health and increasing demand, and delivering high-quality and sustainable services for the future. It also recommended structural solutions to enable this collaboration

While we always strive to deliver the best possible standards of patient care, we can do even better by learning and working across UHT.

Demand and capacity

Projections demonstrate that if UHT were to continue operating under the current model, an additional 112 beds would be required across the University Hospital of North Tees (UHNT) and James Cook University Hospital (JCUH) sites within the next 15 years.

Performance variation

Our performance against key metrics show too much variation:

- the four-hour standard for waiting times in Emergency Department performance – 86.2% in NTH and 80% in STH (as at March 2026)
- the 62-day cancer wait standard – 66.6% in NTH and 70.5% in STH (as at March 2026)
- The referral to treatment (RTT) 18-week standard is 70.5% in NTH and 65.2% in STH

Tertiary services

Our tertiary services volumes lack the scale which will enable them to operate efficiently – for example mechanical thrombectomy procedures which are proven to be effective currently operate within restricted hours.

Sickness absence and workforce sustainability

Our sickness absence in both Trusts sit around 6% against the national planning assumption of 4.1%. The lack of resilience in our staffing means that we need to cancel too many procedures and/or employ bank staff (509 WTE in 25/26) and agency staff (34 FTE in 2025/26). By reducing sickness absence we can reduce UHT's reliance on – and the cost of – agency and bank staff.

Across our Medical, Nursing and Allied Health Professional (AHP) workforce, we struggle to recruit into posts across Stroke medicine, Haematology, Microbiology, Paediatrics, Anaesthetics, Histopathology, Radiology, Speech and Language Therapy, Dietetics, Orthotics and Podiatry.

In services such as Stroke and Paediatrics, staffing is currently safe but fragile and, in some areas, we rely on cross-specialism medical workforces. National guidance from Royal Colleges emphasises the case for sub-specialisation of care for increasingly complex cases, and we will take that into account in our future staffing model.

We need to transform and reconfigure our services at a strategic level to meet national and system-wide requirements.

By reconfiguring the way we deliver our services, we will better align with The Government's Ten Year Plan for Health. The national direction says that we must:

- **Shift care away from hospitals and out into the community**, focusing on providing care closer to people's homes and lives
- **Focus on preventing ill health** and empowering the population to stay well
- **Move from analogue to digital** so that care is efficient and easy to access.

Both of our ICBs have set out ambitions which also require us to work differently in order to maximise the impact of our services. For example:

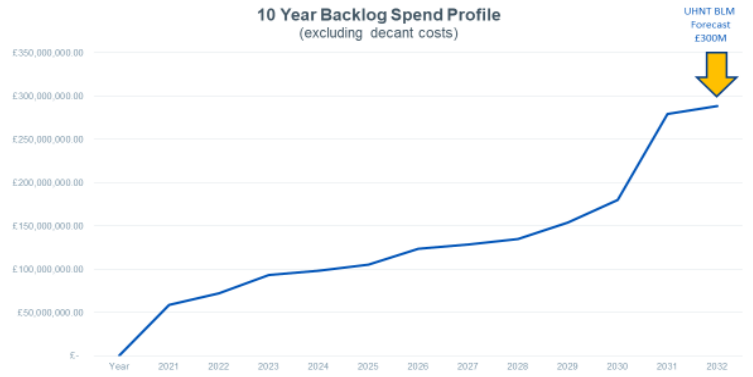
- The **North East and North Cumbria (NENC) ICB** strategy sets out a goal for 'better health and care services' – not just high-quality services, but the same quality no matter where you live and who you are
- The **Humber and North Yorkshire (HNY) ICB** prioritises 'Age Well' which aligns with the increasing demand we are experiencing from elderly and frail patients

Reconfiguring our services will also enable the more effectively delivery of the system-wide proposals outlined within NENC's Strategic Approach to Clinical Services as these begin to emerge, across the identified clinical specialities of gynaecology, neurology, oral and maxillofacial surgery, and cardiology.

We want to seize the opportunity of needing to redevelop our North Tees site in particular to make major changes for the benefit of our population.

Doing nothing is not an option. The backlog maintenance for the University Hospital of North Tees (UNHT) alone is **£126m,** with a total of £194m across UHT in 2024/25. The figure for UHNT has increased since 2015 despite expenditure of around £100m, and will rise sharply over the next few years to around £300m by 2033.

UHNT - Backlog Spend Profile



In light of structural issues set out by a full structural survey in 2020, an intrusive survey is now carried out every three years. The condition of parts of UHNT now represents a major ongoing risk.

The James Cook University Hospital (JCUH) PFI has annual costs of £83m, contributing to a deficit for the Trust. The estate is overcrowded in terms of clinical space and from a patient perspective, meaning transformational change by way of department reconfiguration or movement is not viable, without decompression of the site.

We have over 40 community facilities which, in some cases, are under-utilised. This presents a significant opportunity for wholesale transformation of our service model in line with the NHS Ten-Year Plan, including delivery of care at place, care closer to home and shifting from treatment to prevention through localised education delivery.

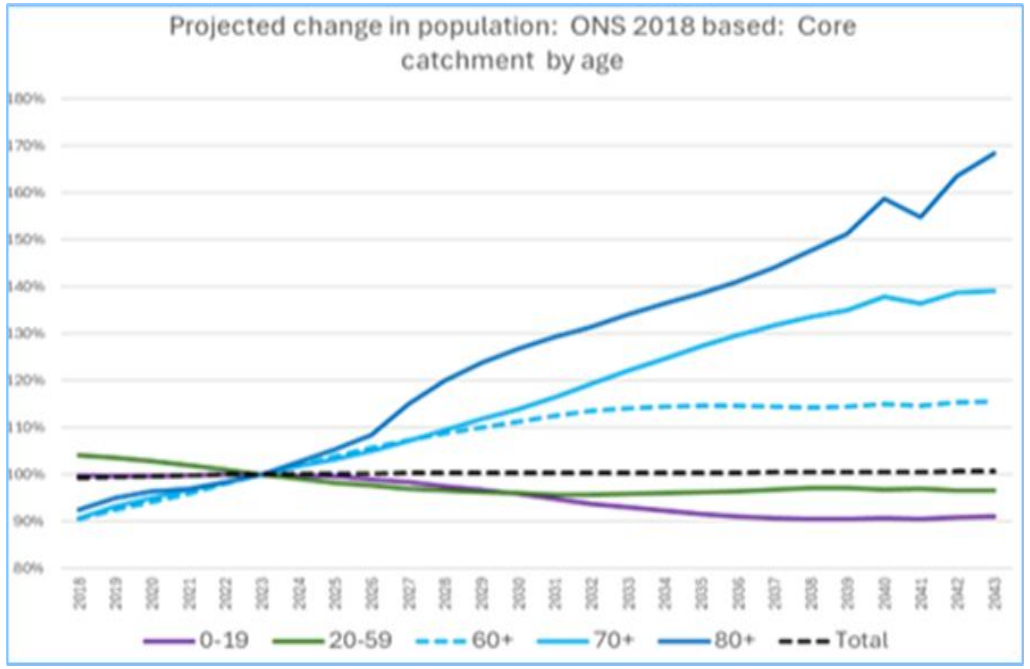
Despite UHT running efficient services, demand for these services - linked to levels of deprivation - has led to expenditure which exceeds our income levels. This has driven higher demand for UHT services, contributing to a need to make efficiencies of £90m in the 2026/27 financial year and £246m in the next three years. We want to develop a new model of care so we can make savings whilst improving service quality.

According to Model Hospital and NHS England metrics, STH and NTH are already operating efficiently and have the lowest opportunities for productivity improvement in NENC so we need to adopt a different model to create a step-change.

Our population is becoming more elderly, and this brings different challenges.

Within the UHT population, the anticipated growth in the proportion of people over the age of 70 is higher than other UK regional projections. There is a predicted increase of 39% in A&E attendances between 2023 and 2040, and a 36.3% increase in inpatient spells between 2023 and 2040 for people aged 70+, with increased complexity given the presence of comorbidities and frailty. By 2040, our inpatient bed requirements for this group will have increased by 41% if we do not change how we deliver healthcare.

Effective support for this population will require transformation of all of our services, with an increased focus on frailty. Diverting care towards community delivery and an increase in Hospital @ Home provision (where appropriate) will naturally reduce the risk of healthcare acquired infections impacting our elderly population – a particular concern due to the vulnerability of this patient cohort.



Activity projections for people aged 70 or over

PoD	2023	Change by 2027		2030		2035		2040	
A&E attends	61,470	4,669	7.6%	9,062	14.7%	17,376	28.3%	23,953	39.0%
IP spells	81,589	5,893	7.2%	11,318	13.9%	21,726	26.6%	29,629	36.3%
Average daily occupied beds	774	64	8.2%	122	15.7%	231	29.8%	325	41.9%

UHT's 'Caring Better Together' strategy and how services may develop in future

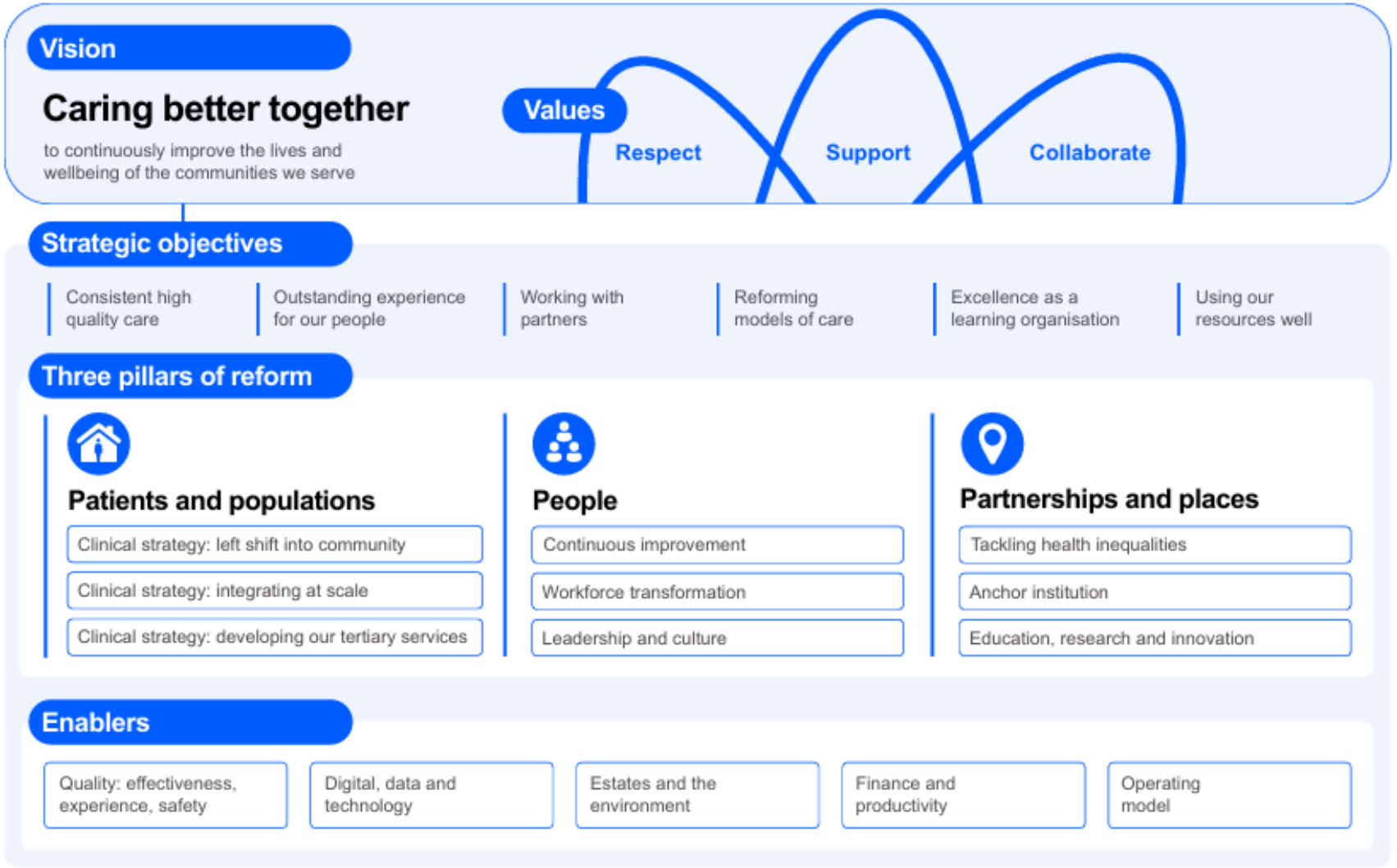
UHT's 'Caring Better Together' strategy

Strategy on a page

How we will work towards achieving our vision.

Transforming our ways of working to reform services and create our new offer for the population

Putting in place the right conditions for success



Our three strategic shifts

Our strategy describes three key shifts:

- An increase in activity closer to the homes and communities of our patients
- A maximisation of activity in our surgical hubs at Northallerton and Hartlepool
- A potential consolidation of some specific specialist clinical services at our acute sites

This may mean that:

- Care would be delivered closer to home wherever this is clinically appropriate and convenient for patients
- Patients may be able to access non-emergency and elective surgery more quickly through UHT's two dedicated surgical hubs
- Acute services may be concentrated to deliver increasingly specialist, high-quality care with better outcomes for patients

In order to test this, we will rigorously engage with the public to ensure that their views are front and centre of our proposals, and consider fully the benefits of change and the options for how services might be delivered to ensure the safety and sustainability of care provision.

The need for major redevelopment of UHT estate is recognised within the NHS regionally and a business case has been prepared to align estate redevelopment with clinical options.

Transforming the model of care

Left shift

Delivering ‘left shift’ from acute to community and from community to lower cost models including virtual care and self-care. UHT community services organised in neighbourhoods.

Case Study:

Hospital at Home

When 93-year-old Margaret fell during the night, her daughter found her on the floor in the morning. She called 999, and within 30 minutes a community team arrived, assessed Margaret for injuries, and helped her back into her chair.

Instead of going to hospital, Margaret was safely supported at home. Her medication was reviewed, she received a walking aid, and therapy visits helped her regain strength.

Thanks to joined-up care, Margaret avoided hospital admission and maintained her independence - unlike her sister, who spent a month in hospital after a similar fall and ended up in a care home. With a small increase in home care, Margaret remains where she wants to be: in her own home.

Transforming the model of care

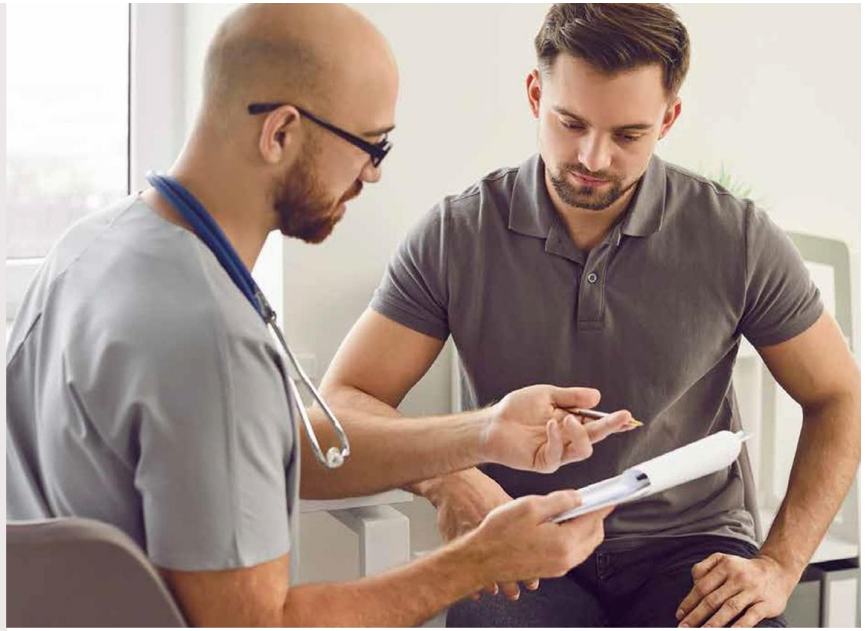
Acute service consolidation

Operating all acute and specialist care as single services across UHT, with consolidation of inpatient care on a single acute site at James Cook or North Tees where appropriate. Transforming outpatients away from an acute hospital-based service.

Case Study:

Patient accessing more specialist care that requires transfer to central “hub” service

Craig, a 43 year old man, initially attended his local hospital with severe diarrhoea and abdominal pain. It soon became clear he needed specialist care, and he was transferred to a Digestive Diseases Centre of Excellence where he was diagnosed with fulminant colitis. Although the transfer added an extra step, it ultimately meant Craig received faster access to the emergency surgery he urgently needed. At the centre, a dedicated surgical team, experienced in complex gastrointestinal emergencies, was ready to act without the delays often faced at smaller acute hospitals. Access to specialist theatres, advanced diagnostics, and coordinated expert care meant Craig’s surgery was performed sooner, improving his chances of a smoother recovery and better long-term outcomes. Despite the transfer, the speed and quality of care at the Centre of Excellence gave Craig the best possible chance of a successful outcome.



Transforming the model of care

Maximising elective hubs

Delivering elective care from our two surgical hubs in Hartlepool and Northallerton, where clinically appropriate.

Case Study:

Patient accessing surgical hub

Lisa, a 56-year-old woman, was informed that her spinal elective procedure could be delivered in one of our surgical hubs. At the hub, her surgery was ringfenced from emergency pressures, meaning it would not be cancelled or delayed by urgent cases. This gave Lisa confidence and peace of mind, allowing her to plan her recovery and rehabilitation without stress and uncertainty.

The surgical hub offered her a calm, focused environment with experienced staff and dedicated supportive services to allow the process to be straightforward and give Lisa reassurance that despite not being on an acute site she is in the right place for her care.

Our clinical boards identified potential transformational opportunities for change in major service areas.

This has been based on evidence of best practice, performance and activity data for our services, study visits to other providers, and extensive engagement with our clinical teams.

Community services	• Develop community services to deliver left shift through Neighbourhood Health Systems with partners • Expansion in Hospital at Home to equivalent of 500 beds • Work in collaboration with system partners to introduce a Tees Valley Care Coordination centre
Women and children's services	• Develop children's and young people's Hospital at Home offer • Explore single service for complex obstetric and neonatal care • Explore consolidation of children's and young people's services to develop a specialist Children's Hospital • Develop a hub and spoke model for fertility services
Urgent and emergency care	• Maintain two emergency departments at UHNT and JCUH • Develop a consistent urgent treatment centre (UTC) model across the places • Review and develop critical care to support future changes in other services
Medicine	• Explore specialist services at JCUH: stroke, haematology, cardiology, neurology • Explore further consolidation of services at UHNT in general medicine, gastroenterology, endocrine & diabetic medicine, chest medicine and elderly medicine
Surgery and anaesthetics	• Maximise activity through elective hubs in Hartlepool and Northallerton in all specialities • Explore specialist services at JCUH: urology, spinal, non-ambulatory trauma, paediatrics • Explore further consolidation of services at UHNT in general surgery (all sub-specialties)

We also need to confirm opportunities to build our scale and remit as a provider of specialist and tertiary services.

Tertiary service leaders have identified their strengths and plans for development. Our overarching strategy is to ensure we minimise the need for our patients to travel outside Tees Valley for specialist care.

Cardiovascular Services	● Regional heart attack centre and vascular hub ● Specialist centre for valve intervention: minimal access valve surgery, TAVI, mitraclip ● Heart failure service –seamless community and hospital offer across 1º/2º/3º care ● Academic centre for CV research
James Cook Cancer Institute	● Bowel, breast and lung cancer screening and advanced diagnostics ● Specialist cancer surgery – robotic access to pelvic, colorectal, upper GI and thoracic ● Provider of NSO and radiotherapy to wider population of > 1M
Neurosciences	● Integrated neurology, stroke, neurosurgery, neuroradiology/MT and neurorehab service ● Comprehensive skull base surgery programme with multidisciplinary care across five specialties ● Neurovascular intervention – surgical and endovascular intervention for AVM and cerebral aneurysms ● Intraoperative brain mapping and awake brain tumour resection ● Integration spinal surgery service with intraoperative spinal cord monitoring and navigation
Major Trauma Centre	● Adult and paediatric major trauma to large geographical population ● Early access to speciality multidisciplinary surgery and rehabilitation ● Only MTC with on-site Spinal Cord Injury centre – lowest waiting times in UK; immediate access to specialist support and surgery ● Academic Centre for Surgery – research active across all trauma pathways

Outpatient transformation: Enabling a modern, patient-centred model of care

Outpatient transformation will play a key role in UHT's supporting wider service reconfiguration and long-term system sustainability. We anticipate that by 2035, outpatient services across UHT will operate through a coordinated, digitally enabled model that maximises patient choice and improves access to specialist care.

UHT's outpatient transformation will be delivered through four initial integrated programme priorities:

1. Single Point of Access (SPoA) – providing ease of access to services
2. Patient Initiated Follow-Up (PIFU) – empowering patients to access care when they need it
3. Clinic Template Redesign – speeding up and simplifying communications and administration
4. Partial Booking – allowing more flexibility for patients

By reducing reliance on appointments being delivered face-to-face away from acute hospital settings and enabling more care to be delivered closer to home or virtually, we will improve patient access, reduce health inequalities and support a more efficient and resilient model of care.

Next steps: The major service change process

Some of the changes that we may make could be designated as being major service changes requiring formal public consultation. National guidance sets out the process we need to follow in order to do this. This has three phases:

A **case for change** setting out why change is needed (this builds on several system-led reviews which have said the current services are not sustainable for the future)
Summarising this today

A **pre-consultation business case** which builds up options of how that change could potentially be delivered for the next generation
This is in development

A **decision-making business case** which sets out the final proposal

Given the interdependency of any proposed changes with our Estate footprint, we have developed a Strategic Outline Case for funding and will follow this process in parallel to the major change process. We know that any major transformation will take time to achieve, but equally we want to drive delivery forward so that we can bring about the benefits for our population.

It is important to note that, at this stage, UHT is still actively considering how it may transform and deliver its services in future, and that no decisions have been made on this as yet. Any proposed changes would be subject to the appropriate assessment and approval protocols, alongside appropriate engagement and consultation.

Major service change: Progress and timetable

Case for Change:

- Completed February 2026
- Approved internally within UHT
- Approved externally by ICB, NHS England
- Stakeholder engagement through NEY Clinical Senate and relevant Scrutiny Committees

Pre Consultation Business Case:

In progress

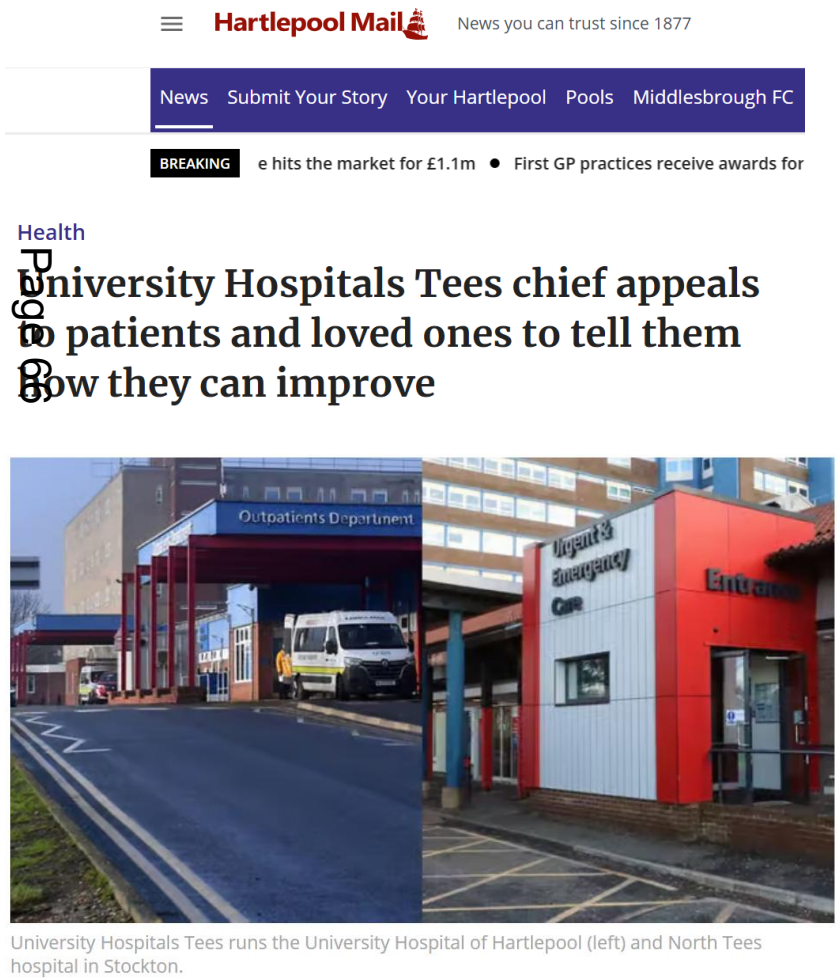
- Internal and external governance approvals from July 2026 onwards
- Proposed public consultation to be agreed once approvals secured (likely to be after Autumn 2026)

Decision Making Business Case:

- To be finalised after public consultation – likely to be early 2027
- Consultation feedback shapes final proposals
- Final proposal submitted for internal and external governance approvals

Engagement and timetable

We have actively engaged with the communities we serve to better understand how they experience our services now, and seek their input into hospital and community-based healthcare provision in the future.



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Health

University Hospitals Tees chief appeals to patients and loved ones to tell them how they can improve

University Hospitals Tees runs the University Hospital of Hartlepool (left) and North Tees hospital in Stockton.

We have met our communities where they are, for example at Stockton Wellbeing Hub, Hartlepool College, Middlesbrough Central Library and Redcar Library and Community Hub, as well as providing an ongoing online survey so they can share their feedback with us.

Since March 2026, we have captured more than 2,000 individual pieces of feedback, both online and from our in-person listening events. Two key themes have come out:

Transport

Given the rurality of some of communities for example in East Cleveland and East Durham and the existing public transport infrastructure, patients are worried about how they reach healthcare appointments or access services in-person. There are also pockets of low car ownership, something that is particularly prevalent across the Hartlepool area.

Communication

This feedback focused on patient pathway management, for example where they have co-morbidities and need to attend various appointments under two different specialties. Patients are frustrated that their care isn't always joined-up and they need to travel to attend multiple appointments on different days, rather than attending all of their appointments on the same day, in the same place.

We also heard that they want us to work on a more joined up approach between GPs and UHT on diagnostic tests and to improve the time it takes for the appointments to come through.

Finally, we've heard their frustrations around response times to correspondence, for example complaints.

Our 2026 listening survey was completed by 1,300 people living across the Teesside, East Durham and North Yorkshire area. Their overall sentiment of their NHS experience was largely positive.

Overall, around three in four people rated their experience of using NHS services in the last 12 months as being ‘good’, ‘very good’ or ‘excellent’.

Respondents identified a number of aspects of care that people feel has worked well. Kindness, empathy and compassion of colleagues who go above and beyond for their patients was a strong sentiment, alongside the professionalism of colleagues and quality of clinical care provided. The efficiency and accessibility of services also scored strongly. Patients told us they particularly value being treated with kindness and respect, clear communication, timely provision of care, access to services provided locally to them, and scenarios where clinical teams listen to and involve them.

Respondents were also happy to share where they felt we have opportunities to improve the way we provide care, identifying that they want to see a more consistent, better organised and more accessible healthcare system across Teesside, East Durham and North Yorkshire. Access to services and lengthy waiting times was a dominant feedback theme, alongside poor communication about their appointments and any follow-up aftercare, and co-ordination of care pathways. Parking and travelling to major hospital sites was identified as being a practical barrier to care provision, as well as recognition that staffing and system pressures are evident in multiple areas. Some also felt unheard in their care interactions.

Patients are primarily asking UHT for respect, clearer communication, more joined-up, timely care, and access to services that are provided closer to their homes.

We also asked people what matters to them most, which is outlined overleaf.

RANKING POLL 1,166 votes

What matters most to you?

(please put these in order of what matters most)

We will use all of the feedback that has been captured through this survey, and our wider engagement activity, to help shape our future change proposals.

In direct response to the clear feedback that has been shared with us on travel and patient communication, we will pay specific attention to a number of areas as part of our work to develop our major change proposals. These include:

- Detailed consideration of the impact of any proposed changes for less advantaged patients to ensure their needs continue to be met
- Detailed engagement with a wide range of partners, including Primary Care, on any options as they are developed so as to ensure the development and provision of joined-up care, making the patient journey as smooth as possible
- An evaluation of the travel impact of any change being considered for each patient cohort, and the wider population as potential future patients. This will include public transport use, and options for advocating for improved transport links given that there is low car ownership across some of our communities
- A commitment to ongoing, detailed engagement with patients and the wider population using a variety of channels as we continue to develop any proposed services changes, and where we may implement any changes. This will include a mixture of on-site meetings, using existing forums wherever possible, as well as digital and online options.

Feedback

Member Report
Tees Valley Joint Health Scrutiny – Draft Work Programme 2026-2027
Report to: Tees Valley Joint Health Scrutiny Committee
Report from: Democratic Services
Decision Type: Committee

HEADLINE POSITION

1. Summary of report

1.1 The Committee is required to consider and agree its work programme for 2026-2027. Members may also like to consider adding any additional items to the work programme.

2. Recommendation

2.1 It is recommended that Members consider and agree the contents of the work programme and consider any additional areas of work they may wish to include.

3. Background

3.1 Members are requested to consider the attached work programme for the 2026-27 Municipal year. The work programme includes standing items as well as those that have been prepared based on Officer recommendations and recommendations previously agreed by this Joint Committee.

4. Background Papers

4.1 There are no background papers to this report.

5. Contact Officers

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TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME 2026-2027

Meeting Date	Topic	Attendance
2 June 2026	TVJHSC: Appointment of Chair & Vice Chair	
	TVJHSC: Protocol / Terms of Reference TVJHSC	
	Delivery of Neonatal Care across North East and North Cumbria Region	Dr Sundeep Harigopal, Clinical Lead of Northern Neonatal Network and Consultant Neonatologist at Newcastle Hospitals Charlotte Bradford, Network Manager, Northern Neonatal Network Catherine Balazs, Head of Specialised Commissioning, North East North Cumbria, NHS England Yasmin Sultana Khan, Service Specialist, Specialised Commissioning, North East and North Cumbria, NHS England
	University Hospitals Tees NHS Draft Quality Account	Matt Neligan, Deputy Chief Executive and Chief Strategy Officer Judith Connor, Deputy Director for Quality Amy Oxley, Deputy Director of Nursing
	University Hospitals Tees - Planned Workforce Reductions	Matt Neligan, Deputy Chief Executive and Chief Strategy Officer, UHT
	Adult Eating Disorder Services Review – TEWV	Jamie Todd, Director of Operations and Transformation , TEWV Shaun Mayo, General Manager of Adult Mental Health Planned Care, TEWV
	Work Programme Timetable	
23 July 2026	TVJHS: Appointment of Vice Chair	Chair
	University Hospitals Tees Case for Change and Strategy	Matt Neligan, Deputy Chief Executive and Chief Strategy Officer, UHT

	Accessing Specialist Community Perinatal Mental Health Services	Kimm Lawson - Strategic Head of Commissioning, NENC ICB Shaun Mayo - General Manager Adult Mental Health Planned Care and Specialist Services, Durham and Tees Valley, TEWV Doreen Morris- Team Manager, Tees Perinatal MH Team, TEWV Neil Quinn- Team Manager, Durham and Darlington Perinatal MH Team, TEWV
1 October 2026	TBC – ICB Annual Report TBC – Dentistry Update	
10 December 2026	University Hospitals Tees Case for Change and Strategy Levick Court Update	Matt Neligan, Deputy Chief Executive and Chief Strategy Officer, UHT Kimm Lawson, Strategic Head of Commissioning, NENC ICB
4 March 2027	Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) - Quality Account North East Ambulance Service (NEAS) Quality Account	TBC TBC

Items for brought forward for consideration from 2025/26:

- Low Level Needs
- Vaping Legislation follow up (information item only)
- Recruitment and Retention Planning (ICB)
- Chronic Pain Services – Paula Swindale
- NHS England: CQC: Update
- The impact of waste incinerators on health