Middlesbrough moving forward

Legal and Governance

# TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

**Date:** **Friday 18th March, 2022**
**Time:** **10.30 am**
**Venue:** **Virtual meeting**

**Please note this is a virtual meeting.**

**The meeting will be livestreamed via the Council's YouTube channel at** Middlesbrough Council - YouTube

## AGENDA

1. Apologies for absence

2. Declarations of Interest

3. Minutes - Tees Valley Joint Health Scrutiny Committee - 24 September 2021 — 3 - 8

4. Minutes - Tees Valley Joint Health Scrutiny Committee - 10 December 2021 — 9 - 14

5. Tees, Esk & Wear Valleys NHS Valleys NHS Foundation Trust - Response to recent CQC inspection — 15 - 30

   The Chief Executive at Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) and Lead Inspector from the Care Quality Commission (CQC) will be in attendance to provide an update in respect of the CQC's recent inspection report findings.

6. Local NHS / Public Health response to Covid-19

   Representatives from Tees Valley Clinical Commissioning Group (TV CCG) and the Director of Public Health (DPH) for

South Tees will be in attendance to provide an update in respect of the local NHS / Public Health response to COVID-19.

7. North East Ambulance Service (NEAS) Performance Update 31 - 60

The Assistant Director of Communications at the North East Ambulance Service (NEAS) will be in attendance to provide a performance update to the Committee.

8. TVCCG - Update 61 - 62

Representatives from TVCCG will be in attendance to provide an update to the Committee in respect of the following:-

- The development of the North East and North Cumbria Integrated Care System (NECS ICS), the Integrated Care Board (ICB) and the proposed sub-regional Integrated Care Partnership's (ICP's)

- Opioid prescribing rates across the Tees Valley and actions taken to reduce overprescribing

- Learning Disabilities Respite Review

9. Any urgent items which in the opinion of the Chair can be considered

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall
Middlesbrough
10 March 2022

MEMBERSHIP

Councillors A Hellaoui (Chair), Layton (Vice-Chair), D Coupe, D Davison, I Bell, Bartch, S Smith, B Clarke, D Rees, Cook, Richardson, Loynes, E Cunningham, C Gamble and L Hall

**Assistance in accessing information**

**Should you have any queries on accessing the Agenda and associated information please contact Caroline Breheny, (01642) 729752, caroline_breheny@middlesbrough.gov.uk**

**TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE**

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Friday 24 September 2021.

**PRESENT:** Councillors Hellaoui (Chair), M Layton (Vice Chair), D Coupe, Layton, B Clarke, Cook, Richardson, E Cunningham and L Hall

**ALSO IN ATTENDANCE:** M Crutwell (Programme Manager - Community Transformation Tees Valley) (TEWV), D Gallagher (TVCCG), D Muir (Nursing & Chief Operating Officer) (CNTW), J Stewart (Associate Director for Children's Clinical Business Unit) (CNTW), D Gallagher (Chief Officer) (CCG), S Mayo (Head of Service - Operational Lead -) (TEWV) and B Shah (Clinical Lead for Teesside - Community Mental Health Transformation) (TEWV)

**OFFICERS:** C Breheny, A Pearson, Woods, Fay, M Adams and S Lightwing

**APOLOGIES FOR ABSENCE:** Councillors S Smith, Loynes and C Gamble

8 **APPOINTMENT OF CHAIR**

**AGREED** that Councillor Alma Hellaoui be elected as Chair.

9 **APPOINTMENT OF VICE CHAIR**

**AGREED** that Councillor Layton be elected as Vice Chair.

10 **DECLARATIONS OF INTEREST**

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

11 **MINUTES - TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE - 22 JUNE 2021**

The minutes of the Tees Valley Joint Health Scrutiny Committee held on 22 June 2021 were approved as a correct record.

12 **CNTW / TEWV UPDATES**

**Lotus Ward – Acklam Road Hospital**

Representatives from Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust (CNTW) gave a presentation in respect of the recently opened Lotus Ward at Acklam Road Hospital.

In terms of background it was advised that CAMHS services at West Lane Hospital had been closed in 2019 following CQC regulatory action. A formal request was then submitted by NHS England/NHS Improvement (NHSE/I) to establish a CAMHS inpatient service in Teesside and following Board approval CNTW had agreed to provide a 10 bedded General Adolescent Inpatient Unit for young people aged 13-18 years.

'Lotus' had been selected as the name of the ward (a symbol of regeneration) following research and engagement with young people residing within Ferndene and Alnwood Wards and Lotus Ward was to be managed by the Trusts' Specialist CAMHS Clinical Business Unit within the North Cumbria Locality Care Group. It was advised that Lotus had opened on 5 April 2021 following NHSE/I approval and CQC registration and patient occupancy had commenced on 10 May 2021.

With regard to admissions there had been 15 admissions to date 13 transfers, 2 direct admissions and information was provided in respect of the localities from which young people had been referred into the service, as follows:-

Localities: Co Durham (6), Tees (4), Sunderland (2), North Yorkshire (1), Gateshead (1),

North Cumbria (1) and the average length of stay was 34 days.

As part of the ensuing discussions the following points/questions were raised:

- In response to a query as to how confident CNTW were that the measures taken this time would work and the issues experienced in the past would not be repeated. It was emphasised that CNTW was confident in the approach it had taken to establishing the unit and the whole team around getting the environment right and ensuring value based recruitment. In terms of staffing ratio it would be one of the better established wards, the clinical leadership and number of Band 6 staff appointed would ensure staff at the unit had considerable experience. This was further strengthened by the presence of Medical Directors.
- Reference was made to the need to at times use restraint to safeguard individuals, other patients and staff but there would be no use of mechanical restraint at Lotus.

**AGREED** that the information in the presentation be noted and a visit to Lotus Ward for members of the Committee be arranged in advance of the next meeting.

**Working collectively to review the mental health system - Update**

Representatives from Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) gave a presentation entitled working collectively to review the Mental Health System. The presentation highlighted the vision and outcomes envisaged for Community Mental Health Transformation, the action that had been taken over the last 6 months, how staff and service users had been involved, the PCN pilot and developments including the introduction of PCN Mental Health Practitioners, Patient Feedback and the Design Event.

It was advised that the aim of NHS England's Community Mental Health Transformation Programme was to develop an operational place based model for Adult Mental Health (AMH) and Mental Health Services for Older People (MHSOP) functional community services which were integrated with Primary Care Networks (PCNs) and Voluntary Care Sector (VCS) services and delivered services to meet the needs of those with severe mental illness. The model needed to be coproduced with staff, stakeholders, the local community, service users and carers.

It was envisaged that the new model would ensure:-

- People received a good-quality assessment at whatever point they presented
- Meaningful interventions for mental health problems were readily available and accessible
- Location was most appropriate to people's needs
- Care could be stepped up where or when more specialist care was required, and stepped down, in a flexible manner without the need for cumbersome referrals and repeated assessments
- There were effective links with community assets to support and enable people to become more embedded within their community and to use those assets to support their mental health.

As part of the ensuing discussions the following points/questions were raised:

- Members expressed the view that it was quite overwhelming in terms of the scope and amount of work involved;
- In terms of feedback, often the percentages were low and it was queried as to the percentage of feedback received in respect of the PCN pilot. In response it was advised that every patient seen via the PCN Mental Health Practitioner was invited to provide feedback and the feedback percentage was approximately 6 per cent, which was quite significant. It was noted that 6 per cent in terms of the family/friends test carried out in the NHS was quite a high response rate. In effect that would equate to 1,440 responses from 24,000 appointments;
- A Member commented on the emphasis on patient need rather than service need, which was positive, however concerns were expressed that potentially there would be higher demand in certain areas and it was queried how this would be managed. It was acknowledged that the need for mental health support had increased significantly over the last few years and this investment was a real step forward in increasing the number of staff and services people could access from community mental health services. In addition there had been significant investment in the IAPT services in Tees so there was investment in increasing the number of

assessments at the front end. However, understandably demand in specific areas remained an area of concern. It was emphasised that some of TWEV's capacity was hampered by people being moved around the system whereas this was an opportunity for people to be seen once and to ensure that their care was co-ordinated. There was work currently undertaken that would no longer be undertaken once the system had been redesigned as a collective. Members expressed the view that this approach felt very encouraging.

- The work was such that no matter how much money was invested mental health services the work would increase, potentially a 40 per cent increase owing to COVID but if as a system we were able to get this right in terms of a system approach with Primary Care, VSC, TEWV and substance misuse services and agree on a system approach in which the patient came first and services would approach patients rather than the patient have to visit a whole host of services then we would have a service for the future.
- In response to a query it was emphasised that this was the start of a journey on what our interface of services would look like in the future. There was also the potential to look at locality working to strengthen the model as the 'ask' could be different in Middlesbrough, Stockton, Hartlepool, Darlington and Redcar & Cleveland.

**AGREED** that the information in the presentation be noted.

13 **LOCAL NHS / PUBLIC HEALTH RESPONSE TO COVID-19**

The Director of Public Health (South Tees) provided an update on the ongoing Covid-19 situation and made the following points:

- In terms of the national summary, it was shown where the Tees Valley was sat in the national rankings, with Middlesbrough in 36th and Stockton in 65th. The point was made that in effect all the rates in the Tees Valley were very similar, with sustained community transmission at around 300 cases per 100,000. The rate had fallen from around 400 per 100,000 in the previous week or two and whilst rates were high they did appear to be falling at the moment.
- In respect of cases by specimen date there was no real discernible fall, although the rates did show that rates were beginning to fall following an increase from when the schools had returned after the half term break. All of the local authorities in the Tees Valley were following the same patterns in terms of case rates.
- The cases by age band were highlighted and it was noted that for all of the local authorities within the Tees Valley the 10-14 and 15-19 age band up to 19 September 2021 had been significantly higher than the other age bands. There was also a slight increase in the older age group, which was potentially caused by waning immunity but further details would be provided to the Committee in respect of the booster
- Reference was made to the hospital data, the number of hospital COVID patients in County Durham and Darlington was 195, South Tees 75 and North Tees and Hartlepool 43. The figures for County Durham and Darlington appeared to be increasing and the Director of Public Health at Darlington had advised that the increase had largely been driven by an increase in Durham. It was unclear why the figures for North Tees were slightly lower than South Tees but potentially this could be owing to the overall numbers in the respective catchment areas.
- In terms of the hospital bed occupancy levels, theses were currently around 80 per cent in North Tees, South Tees and Durham and Darlington, with Hartlepool moving into 90 per cent occupancy rates. The point was made that there was the potential that once winter emergency activity started to increase COVID patients adding to overall activity would become significant if the numbers did not start to fall.
- Mortality rates across the Tees Valley were significant and the rates were 260 per 100,000 for those with COVID mentioned on the death certificate to 307 per 100,000 for Hartlepool, with excess deaths above the average figures for the period 2015 – 2019 being significant.
- In terms of vaccination uptake, a phenomenal effort had been undertaken by the NHS supported by the local authorities, public health teams and broader teams in terms of supplementing the national programme with pop-ups in an effort to target communities that had lower vaccination uptake rates.
- In effect the percentage coverage reflected the deprivation demographics across the Tees Valley, with Darlington and Redcar and Cleveland being more affluent than Middlesbrough and Hartlepool and thereby having higher take up rates of the vaccine. Middlesbrough's figures were also impacted by a higher BME population, as vaccination rates in these communities tended to be a bit lower. Sustained efforts were being made to increase the

vaccination rates.

- The over 50's unvaccinated had remained an area of focus in Middlesbrough and Redcar and Cleveland. However, the figures had remained stubbornly high. The figure for Middlesbrough, which currently stood at 4,300 had been reduced down from just over 5000 a few months ago. The figure was therefore coming down but clearly the highest level of risk for hospitalisation with COVID was in the unvaccinated over 50's. The majority of those over 50's that had not received a vaccination were in their 50's and there was an over representation of men, with approximately 62 per cent of those over 50 unvaccinated being men. Efforts were being made to target men over 50 in an effort to increase that uptake.

- In summary there was sustained community transmission and significantly lower rates of hospital activity, illness and mortality than would have been seen prior to the vaccine programme. However, there were still numbers in hospital that would cause issues as the winter period approached unless COVID admissions started to fall.

The Chief Executive of Tees Valley Clinical Commissioning Group (CCG) provided an update in respect of the vaccination programme, hospital pressures and blood bottles and made the following points:-

- In terms of hospital pressures community infection rates remained high and colleagues in primary care and social care had expressed the view that in light of current demand on services it already felt as though it was January. This meant that there was an even greater need to undertake careful planning for winter assuming that COVID hospital rates would persist and pertain into the winter.
- There was effectively a double whammy in terms of pressures in that there were patients presenting with COVID but inevitably there were also staff contracting COVID or needing to self-isolate. This further added to the pressures along with the need to maintain infection prevention control measures – social distancing, wearing of masks further compounded the pressures.
- An added pressure in terms of public frustration was sadly exhibiting itself in un-condonable abuse, verbal abuse for reception staff, clinical staff and there was a need to work with all partners in order to ensure this stopped. Patients were being asked to be patient patients but their frustrations were understood.
- In terms of vaccinations there had been an immense and very well co-ordinated, collaborative process with not only the NHS and the Council but with the Fire Brigade, volunteers and a whole range of people who had worked extremely hard to get us to the point where we were at now.
- Reference was made to the recent guidance, as issued last week, in respect of healthy people and young children (age 12-15) and also the phase 3 booster vaccination. In terms of 12-15 year olds there was a universal offer with the Pzifer vaccine, which consisted of one dose that would largely be delivered in schools by those who normally delivered the school vaccination programmes. The objective was to get as many people safely and quickly vaccinated before the October half term. The programme was to commence no later than 22 September 2021, the programme had now commenced and was underway. There had been a huge effort from schools, who had enabled the facilities to accommodate the staff that went into schools to deliver this programme.
- With reference to the national advice in respect of the phase 3 booster programme it was noted that people who had received their vaccination in phase 1 would be offered after 6 months times. Consideration was therefore currently being given to how this would be best administered. There was a preference from the national committee, the JCVI, for the Pzifer vaccine to be used as the third booster dose irrespective of the dose given previously.
- In terms of the cohorts aspect the first phase of this phase 1 (cohorts 1-9) involved all residents of Care Homes, all adults aged 50 and above. Phase 2 (Cohorts 10-13) encompassed included those 15-60, as well as children and young people 12-15 that were at risk or in households where there were risks because of susceptibility to infection. Phase 3, which was the current focus, included the 12-15 year olds, the booster cohort and continued to offer phase 1 and phase 2 for those that had yet to be vaccinated (an evergreen offer).
- The vaccinations were being delivered by a range of partners including the Primary Care Networks (PCNs), mass vaccination centres, the pharmacy sites plus others. There were 14 PCNs across the Tees Valley including Darlington and they had been delivering vaccine services throughout phases 1 and 2. Some of the PCN's were signing up to Phase 3 and had been approved. Efforts were being made to reach a point where vaccinations could be given for flu and COVID at the same time where practical.

- It was noted that many people had received their vaccines through the mass vaccinations sites, which were operated by colleagues from Newcastle Hospitals. In the Tees Valley this included the Riverside Football Club in Middlesbrough and Darlington Arena. In addition there were now a number of pharmacy sites offering vaccinations, with 53 across the Tees Valley having expressed interest in providing this service. Some were currently awaiting approval from NHS England and once approved this would ensure the Tees Valley was able to provide a blended offer in terms of providing COVID vaccinations.
- It was highlighted that the key area of focus now was in encouraging those people that had not received their first or second vaccine to attend walk-in clinics, pop-up clinics and various vaccine buses, where appointments were not required.
- A further key area of focus was not to exacerbate the health inequalities already prevalent in the Tees Valley but to target vaccinations to try and reduce some of those.
- Reference was made to performance across the five Tees Valley Local Authorities and it was noted that for cohorts 1-9, quite good progress had been made with 89 per cent for first vaccines, 92 per cent for second vaccines. In respect of cohort 10 it was slightly less with rates of 75 and 80 respectively. Cohort 11 and 12 were harder to reach and more time was being spent on reaching these cohorts.
- It was acknowledged that there was still work to do and the national target was to achieve 90 per cent of people vaccinated.

It was queried whether the hospital figures were under control, as although there were events that being held where social distancing was taking place and there were others where this clearly was not the case. Vaccinations would soon be waning and there remained a cohort of people who had not received either their first or second dose and therefore was there a need to be concerned that hospitalisations would increase. It was advised that the health service and social care services were coping but only just but hopefully efforts could be made collectively as partners to get the message out to the public about vaccinations but equally the importance of still adhering to social distancing and the wearing of masks. Although not mandatory, convincing people that there was a safe way to get through the pandemic not only for them for the NHS and social services as well. The Director of Public Health expressed the view that the communications issue was difficult, as the clarity nationally on the wearing of face masks was an individual responsibility and lack of promotion of frequent testing to protect yourself, family and others but it was difficult to cut through national noise. The current national message was slightly more relaxed than that preferred by the Director of Public Health.

In terms of working with schools there was still significant demand for mass testing and interest from everyone in doing the right thing.

In was queried whether there was any data on the number of pregnant women having the vaccine and whether there were efforts to promote the take up the vaccine by women who were pregnant now there was more known about its safety. It was advised that it was part of the conversation during midwifery and health visitor visits and was built into the appointment process. Pregnant women were being advised that it was safe to have the vaccine and were being encouraged to do so. Statistical information in respect of this issue could be obtained from midwifery and fed back to the Committee.

Reference was made to current research in respect of the COVID vaccination for pregnant women and it was queried whether there was a best source of evidence that people could be referred to. The Director of Public Health advised that this information was available and sources would be shared with the Committee following the meeting.

In terms of other countries opting to vaccinate children under 12 it was queried whether this was something that would be considered in the UK. The point was made that any additional programme would bring capacity issues, however, as any vaccination programme for children under 12 would be delivered by the school immunisation teams it would be a pressure on that resource.

The Chief Executive of Tees Valley CCG advised that in terms of the blood bottle issue this was a global issue and there had been some severe supply issues. Tees Valley CCG had been notified of these in August 2021 and a national approach had been adopted. It was anticipated that the constraints would be removed in late September but in order to deal with the reduction in supply nationally measures had been taken to maximise the use of the resources available. Part of the approach had been about sharing tubes between hospitals

and primary care but the latest guidance, issued on 16 September 2021, had advised that was that hospitals would try to optimise and reduce the amount being used by approximately 25 per cent until the 8 October 2021 when it was anticipated that the supply to be back on stream. In primary care there had also been an ‘ask’ for the tubes not to be used for non-urgent blood tests.

**ORDERED** that the information presented be noted and figures in respect of the number of pregnant women locally receiving their COVID vaccines be obtained.

**TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE**

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Friday 10 December 2021.

**PRESENT:** Councillors A Hellaoui (Chair), D Coupe, D Davison, B Clarke, D Rees, R Cook, C Gamble and J Bright

**ALSO IN ATTENDANCE:** D Gallagher (Chief Executive - TVCCG) and C Blair (Director Of Commissioning Strategy and Delivery - TVCCG)

**OFFICERS:** C Breheny, A Pearson, Woods, R Scott and N Luxford

**APOLOGIES FOR ABSENCE:** Councillors I Bell, Layton, S Smith, Richardson, Loynes, E Cunningham and L Hall

14 **DECLARATIONS OF INTEREST**

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

15 **MINUTES - TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE - 24 SEPTEMBER 2021**

The minutes of the TVJHSC meeting held on 24 September 2021 were deferred for consideration at the next meeting.

**NOTED**

16 **LOCAL NHS / PUBLIC HEALTH RESPONSE TO COVID-19**

The Advanced Public Health Practitioner (South Tees) provided an update on the ongoing Covid-19 situation and made the following points:

- In terms of the national summary, it was shown where the Tees Valley was sat in the national rankings, with Middlesbrough in 135th position and Stockton in 96th position in terms of prevalence. The point was made that in effect all of the prevalence rates in the Tees Valley were quite low, with sustained community transmission at around 300-400 cases per 100,000 population. This compared to the highest Local Authority rates of 860 cases per 100,000 population. However, the rates in the Tees Valley were increasing slightly.
- In respect of cases by specimen date there had been a spike around October, which the data had shown reflected a return by schools after the half term break. Over the last couple of weeks there had been a slight fluctuation but rates seemed to be levelling while the England rate was rising.
- In terms of testing rates it was highlighted that the Tees Valley did have lower testing rates than the England average, as a proportion of the population.
- The cases by age band were highlighted and it was noted that for all of the local authorities within the Tees Valley the 5-9 and 10-14 age band up to 3 December 2021 had been significantly higher than the other age bands. In the most recent week Redcar and Cleveland had the highest rate in the 5-9 age band. There had also been a slight increase in the 30-40 age band, which was potentially caused by household transmission to parents and public health teams were continuing to work closely with schools and families. Cases were being monitored and support to schools provided.
- Reference was made to the hospital data, the number of hospital COVID patients in County Durham and Darlington was 59, South Tees 54 and North Tees and Hartlepool 33. The figures had decreased in recent weeks but the hospitals were still experiencing new cases.
- Mortality rates across the Tees Valley were significant and the rates ranged from 284 per 100,000 in Stockton for those with COVID mentioned on the death certificate to 328 per 100,000 for Hartlepool, with excess deaths above the average figures for the period 2015 – 2019 being significant. All of the Tees Valley rates were higher than the national average.
- In terms of vaccination uptake, the figures showed the top 20 performing Local Authorities nationally, with Northumberland topping the charts for both first and second doses, with a coverage of 89.1 per cent and 82.9 per cent respectively. All of the Tees Valley Local

Authorities had coverage rates above the national average of 78.2 per cent for first dose and 71.6 per cent for second dose, with the exception of Middlesbrough where coverage was 74.7 per cent and 67.1 per cent respectively. A real positive was that the booster uptake across all five local authorities was above the national average. Sustained efforts were being made to increase the vaccination rates and a pop up vaccination clinic had been held in Middlesbrough yesterday with 477 people attending for both first and second dose vaccinations. From January 2022 a rolling programme of pop-up vaccination clinics would be held.

- In effect the percentage coverage reflected the deprivation demographics across the Tees Valley, with Darlington and Redcar and Cleveland being more affluent than Middlesbrough and Hartlepool and thereby having higher take up rates of the vaccine. Middlesbrough's figures were also impacted by a higher BME population, as vaccination rates in these communities tended to be a bit lower.
- In terms of the new Omicron variant it was advised that was displaying a growth advantage over Delta. This assessment was based on analysis of UK data showing an increased household transmission risk, increased secondary attack rates and increased growth rates compared. Omicron was likely to outcompete Delta in the UK and predominate. With regard to severity there was insufficient data at this time to assess infection severity, which was expected in the early period of emergence of a new variant.
- At present there were no known cases of the Omicron variant in the Tees Valley but cases were rising nationally.
- With regard to the JCVI advice on vaccinations in response to Omicron booster eligibility had been expanded to include all adults aged 18 to 39 years, as long as there had been a three month gap from the second dose. The booster was to be offered in descending age groups, with priority given to the vaccination of older adults and those in an at-risk group.
- The 12 to 15 year old cohort were currently being offered a second dose of the Pfizer vaccine so long as there had been a minimum of 12 weeks from the first dose. Phase 1 had been completed and the Tees Valley was now moving into phase 2.
- Plans were in development to develop capacity & workforce (CCG lead), with guidance expected to be released today.

The Director of Commissioning, Strategy and Delivery at Tees Valley Clinical Commissioning Group (CCG) advised that there was still a sustained degree of pressure in the healthcare system. Covid admissions to hospital had remained fairly static since the summer and that was being managed but the full impact of the Omicron strain was not yet known. At this point in time progress was being made in respect of planned operations and routine outpatient clinics were taking place as normal.

The Chief Executive of Tees Valley CCG advised that the vaccination programme was a moving feast because of announcements that were being made nationally. Huge progress was being made locally thanks to a combined effort the central team in Newcastle, the Primary Care Networks, the Pharmacies, the Hospitals, the school providers and significantly colleagues in the Public Health Department and the local authorities. There had been a fantastic team effort and the numbers were good but there was a need to try and vaccinate as many people as possible. The challenge would be how to turn the vaccination programme into business as usual, as it would be a programme that would need to be implemented for at least the next few years.

On behalf of the Committee the Chair expressed her thanks to everyone within the NHS and all of the other organisations involved in making the vaccination programme such a success. Members were afforded the opportunity to ask questions in respect of the information provided and a number of issues were raised.

It was queried as to why the gap between doses had been reduced so significantly, from six months down to three. In response it was advised that the decision to reduce the gap was symptomatic of learning from experience and as knowledge shifted and changed so did the response. Experience had shown that there was no advantage to waiting the six months and the reduction in time simply helped ensure more people received their booster vaccination sooner.

Reference was made to current vaccination uptake rate for 12 to 15 year olds in the Tees Valley, as it had not been very high. The second vaccine was now being offered and it was queried whether the take up rate had increased. In response it was advised that one of the initial challenges had been the speed at which had the programme had been mobilised from the Government directive. There had been issues with consent, parental knowledge and

making booking arrangements with the schools. It was acknowledged that there had not been a great uptake with phase 1, as the vaccination teams had had limited time within the schools. However, it would now be a rolling programme and an out of school offer was also in place. A revisit to the schools was being arranged and it was hoped that uptake of the offer would improve.

Concerns were expressed in respect of the vaccine take up rates amongst the younger cohorts and a reluctance by many to continue to wear face masks. It was queried as to how this was to be encouraged given there were still many cases of Covid-19 present within the community. It was advised that was no single solution and it was a case of everyone repeating the message and emphasising the importance of being vaccinated and wearing face masks in public places. Joined up communications between all of the organisations was of the utmost importance and there was a significant amount of work being undertaken between the Council's and Health's communication leads to ensure those messages were being heard.

Reference was made to the allocation of the pop up clinics, as some of the locations used had very limited car parking provision for disabled users. It was queried whether ward councillors could be involved in suggesting appropriate venues. It was advised that the Teeswide Vaccination Board, headed up by Dr Janet Walker was responsible for co-ordinating the programme. The best way for ward councillors to put forward suggestions was for them to contact their Public Health teams directly, as the teams were key in delivering the vaccination programmes.

Reference was made to the death rate from Covid-19 within the Tees Valley and it was confirmed that the rates for the Tees Valley were higher than the England average. The view was expressed that there were a number of complex factors for the rates including the general health of the population, high levels of deprivation and the high prevalence of Covid-19 in the sub-region at various times during the pandemic.

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

17 **TVCCG - UPDATE**

The Director of Commissioning and Strategy at TV CCG gave a presentation entitled Breast Diagnostic Services Current Position. The presentation highlighted background information, the work undertaken over the last year, how the public, service users and stakeholders had been involved in the engagement exercises, the themes that had emerged and the next steps in this journey.

It was noted that although the Covid-19 pandemic had halted some of the progress following the patient engagement exercise. Both North and South Tees Trusts had continued to collaborate to maintain the service for patients through very difficult times. Some themes identified from the engagement included;

- The Breast Diagnostic Service was evaluated well by survey respondents with 95% rating the service either good or very good.
- Positive comments had been made about the high standard of care received, the professionalism of staff, the excellent communication as well as the efficiency of the service.
- A number of respondents had expressed their frustration with the closure of the James Cook service
- Linked to the above it had been noted that some patients were unaware of the 'one-stop-shop' approach at North Tees and better communication of this would have supported reduced patient frustrations and uncertainty.

In terms of next steps the Tees Valley system partners had agreed to implement and expand the use of innovative 'Free-Flap Surgery' (where appropriate), as part of the Breast Cancer pathway to improve outcomes for patients. This surgery would be performed at James Cook Hospital and had commenced in October 2021.

In addition the Northern Cancer Alliance had established a Managed Clinical Network for Breast Cancer Services. The vision of the managed clinical network was to enhance the quality of breast cancer services including breast cancer screening, diagnostics and treatment services, thus enhancing care across organisations; jointly reducing inequality, improving

outcomes and patient experience in alignment with the recommendations in the NHS Long Term Plan. Future plans for the service model would be progressed through this approach, with an initial focus on building capacity and resilience in the breast imaging workforce.

In the meantime the service would continue to be delivered from North Tees as it was the safest and most effective way of ensuring that those presenting with symptomatic breast conditions were able to access the treatment they required. It was advised that in terms of the national standard the target was currently that 93 per cent of patients presenting on this pathway should be seen within a clinic within two weeks. In the Tees Valley 94 per cent of patients were currently being seen within two weeks, which was significantly higher than the England average of around 84 to 85 per cent. The current pathway was effective and there were mitigations in place to assist with any transport issues.

As part of the ensuing discussions the following points/questions were raised:

- Reference was made to the breast care facility available at the Friarage Hospital at Northallerton and whether further information could be provided on the type of care provided there. In response it was advised that a breast clinic continued to be delivered at the Friarage Hospital but that the service was delivered by colleagues from York and predominantly served patients from the North Yorkshire area. The majority of patients within the Tees Valley did now access the service via North Tees Hospital.
- A Member commented that it was great to hear that 94 per cent of patients within the Tees Valley were being seen within 2 weeks. However, it was queried whether for those that were not seen within that timeframe whether the longest wait times were know. It was advised that the waiting times were monitored and it was accepted nationally that there were inevitably a number of patients that would opt to defer their treatment for a variety of reasons. In addition proactive follow up work was undertaken where it was identified that patients were waiting longer than the national 2 week target.
- The work was such that no matter how much money was invested mental health services the work would increase, potentially a 40 per cent increase owing to COVID but if as a system we were able to get this right in terms of a system approach with Primary Care, VSC, TEWV and substance misuse services and agree on a system approach in which the patient came first and services would approach patients rather than the patient have to visit a whole host of services then we would have a service for the future.
- In response to a query regarding how many men in the Tees Valley suffered from breast cancer it was advised that these figures were available and would be provided to the Committee.
- Reference was made to the number of non-attendees and it was queried whether data in respect of this issue could be provided to the Committee. In response it was advised that the percentage of non-attendees was extremely low but that this information would be provided.
- In response to a query regarding transport it was advised that a patient transport offer was always available subject to the necessary criteria being met.

The Chief Executive of Tees Valley CCG gave a presentation entitled Adult Learning Disability Respite Update. The presentation provided a timeline of events between January 2020 and December 2021 as follows:-

- January 2020: CQC inspection resulting in a ‘must do’ action relating to compliance with the Mixed Sex Accommodation (MSA) regulation

- March 2020: Temporary closure of day and respite services in response to initial outbreak of Coivd-19. Outreach service formed

- Sept 2020 – Sept 2021: The project group discussed all service options and it was agreed that a revised service would be delivered that offered up to a maximum of 6 beds across the two sites (11 to 6 beds respite) due to further covid waves and staffing constraints

- Current state: As agreed with the project group, both units were open and offering a combined 6 places at any one time which was a reduced service capacity but meant the service could meet both the Infection Prevention Control (IPC) and the Mixed Sex Accommodation (MSA) regulations. Workforce challenges continued in line with all other health and social care provision.

• Future state: The initial set of architect plans had been received exploring 4 options; remodel existing building, new build and use of two other TEWV estates. Further actions required with the view to review January 2022.

• Family Carers: remained engaged through frequent project group meetings, direct contact and regular updates. Representatives were appointed on the project group.

As part of the ensuing discussions the following points/questions were raised:

• Reference was made to email correspondence received by the Chair from a parent/carer of a patient in receipt of the respite service. The email made reference to the fact that until the architect's plans could be actioned patients were in receipt of a reduced service; 24 days respite in place of 33 days, as previously agreed. In response it was acknowledged that it had been extremely difficult for the families and they were very much involved in the project. Efforts were being made to move the project on as quickly as possible.

**AGREED** that the information contained in the presentation be noted and the additional details requested by Members be provided.

18 **TVJHSC VISIT TO LOTUS WARD - ACKLAM ROAD HOSPITAL - 9 DECEMBER 2021**

The Chair advised that further to the offer for a visit to be undertaken by the Committee to the Lotus Ward at Acklam Road Hospital, as provided by the Associate Director of Specialist Children and Young People Services at Cumberland, Northumberland, Tyne & Wear NHS Foundation Trust at the last meeting, a visit was held on 9 December 2021.

Feedback from the visit by those Members in attendance was requested and the following views were provided:-

- The visit was extremely impressive and the facilities were superb. The learning facilities available were excellent and the equipment that they had ensured the staff could keep in touch with the schools the children attended. The children had access to their own computer and the work the children had produced was particularly moving. Walking through the various wards it was understandably secure but the children had access to a basketball court and outdoor space where they could sit, play and even have a barbeque. It was such a clean and beautiful place. It was well resourced and well managed and all of the questions asked were really well answered. The rooms were also equipped with specialist technology to ensure that the young people could be easily monitored to reduce any risk of self-harm.

- Unobtrusive technology was present throughout the ward and the young people had access to a kitchen to cook meals for each other. A laundry room was also available, as was a music room and chill out spaces. The compassion and dedication of the staff was also noticeable.

During discussion the following points were raised:-

- It was queried as to the age of the children on the ward and it was advised that the children were aged 13 to 18. In terms of staffing the unit the Lotus Ward was extremely well staffed in terms of both the number and the level of qualified staff available. It was, however, recognised that nationally there was a shortage of specialist Children's Mental Health Nurses.

- In terms of demand there was currently no waiting list for young people to access the Lotus Ward. The unit was currently staffed to accommodate 6 young people, however, if an additional young person needed to be admitted the Trust would make the necessary arrangements.

**AGREED** that a letter of thanks be sent to the staff and young people at the Lotus Ward for hosting the visit.

19 **NORTH EAST AMBULANCE SERVICE (NEAS) PERFORMANCE UPDATE**

Unfortunately representatives from NEAS were unable to attend the meeting but would be

in attendance at the next meeting of the Committee.

The Chair highlighted a number of the key points contained within the ‘Review of Our Year’ document, as submitted to the Committee by NEAS and these would be discussed at the next meeting.

**AGREED** that the item be deferred to the next meeting of the Committee.

Tees, Esk and Wear Valleys
NHS Foundation Trust

# Update for the Tees Valley Joint Health Scrutiny Committee



journey to change

**18 March 2022**

**Brent Kilmurray**

**Chief Executive**

# What we'll cover today

- Our Journey To Change and key improvements.
- An overview of our recent Care Quality Commission (CQC) core service inspection (Jul-Aug 2021).
- An update on our secure inpatient service – key actions, improvements and impact.
- An update on our community child and adolescent mental health services – key actions, improvements and impact.
- Other services inspected and the feedback from the CQC.
- Adult mental health and psychiatric intensive care unit (PICU) follow up inspection progress.
- Wider challenges and how we're addressing them.
- Continuing Our Journey To Change.

# Our Journey To Change and key improvements

- Organisational restructure.
- Improved governance.
- Increased leadership capacity – including two lived experience directors.
- Board development.
- Increased oversight through our board and its sub-groups.
- Revised risk management arrangements.
- Recruitment and retention.
- Quality assurance programmes.
- Organisational learning infrastructure.
- Increase in compliance with statutory and mandatory training.

# Our most recent CQC core service inspection

- Our overall rating remained requires improvement.
- We were rated good for being caring and effective.
- We were rated requires improvement for being well-led, responsive and safe.
- We have made significant progress since the CQC inspection, which took place in July and August 2021.
- We know there is more work to do - we are committed to improving the experience for people in our care and their families and carers, making our trust a great place to work and being a great partner.

# Secure inpatient service

Tees, Esk and Wear Valleys NHS Foundation Trust

## Key areas of focus

- Staffing
- Safeguarding
- Governance systems for quality and safety

## Progress

- A review of safety plans and safety summaries and how these are used to optimise patient safety.
- Improvements in safety summary, safety plan and observation and engagement compliance.
- Improved compliance with safeguarding training.
- Implemented SafeCare to ensure we have safe staffing levels.
- Improved flow of patient safety information through revised governance structures.
- Launched a new model of care and model of professional practice (Feb 22)
- Recruitment and retention.

# Secure inpatient service: progress continued

Tees, Esk and Wear Valleys NHS Foundation Trust

- Continuation of the cultural work.
- Reviewed the reduced the use of restrictive practices.
- Further work undertaken to embed the use of safety summaries and safety plans.
- Launch of healthcare assistant council (March 22) .
- Launch of ward manager development programme.
- Improvements in compliance with level 3 safeguarding training, with a safeguarding lead based on site.
- Further work to support e-rostering in the service.



## Some of the impact

- Only 3% of leaves were cancelled in January due to staffing
- Over recruited in some roles such as healthcare assistants
- No ward manager vacancies
- 55 staff in offer stage of recruitment

(due to start in post by June 2022)

- Increased to five matrons
- A reduction in bank staff since Feb 22
- A detailed induction programme including autism training now in place
(trajectory to reach 95% compliance by end of April)
- OT screening and triaging increased by 50% from January to February

# Community child and adolescent mental health services (CAMHS)

Tees, Esk and Wear Valleys NHS Foundation Trust

## Key areas of focus

- Staffing levels to meet the demands of the service.
- Systems for review of young people waiting for treatment including specialist assessments.
- Mandatory training compliance.

## Progress

- Reviewed all young people waiting for treatment.
- All young people and/or families waiting are being contacted regularly and in-line with individual risk.
- New system in place for Keeping in Touch processes and ongoing review of potential risk**.**
- Daily monitoring of waiting lists, progress and issues.
- Caseload analysis to ‘level load’ between teams or clinicians and identify additional resource that may be required.

# Community CAMHS: progress continued

Tees, Esk and Wear Valleys NHS Foundation Trust

- Workforce development strategy in development reviewing alternative roles such as apprenticeships and peer support.
- Trust-wide staffing establishment exercise undertaken.
- Working closely with partners to develop joint working processes that are sustainable.
- Caseload refresh.
- Developed a capacity and demand framework.



## Some of the impact

- Oversight of every young person waiting
- Stockton CAMHS caseload reduced by approx. 37%

  This model will be rolled out to all teams by Sept 22.
- Teesside average wait:
  - 1st appointment - 6 days
  - 2nd appointment - 20 days
- Reduced waiting times for treatment
- 111 staff in offer stage of recruitment

  (due to start in post by June 2022)
- Increased training compliance across the teams

  Safeguarding and whistleblowing currently at 91% ave.

  – 1% from target

# Crisis services and health-based places of safety

Tees, Esk and Wear Valleys NHS Foundation Trust

Our crisis and health-based places of safety services received an overall rating of good. A number of areas of good practice were highlighted within the inspection report including:

- Staff treated patients with compassion and kindness and they respected patients' privacy and dignity.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They also informed and involved families and carers appropriately.
- Teams kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care.
- Leaders had the skills, knowledge and experience to perform their roles.

# Community-based mental health services for adults of working age

Tees, Esk and Wear Valleys NHS Foundation Trust

- A number of areas of good practice were highlighted within the inspection report. Feedback from the CQC included:
  - Staff assessed the mental health needs of all patients. They worked with patients and families and carers to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.
  - Managers investigated incidents and shared lessons learned with the whole team and the wider service.
  - Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
  - Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided
- Areas for development identified included timely access to services and consistency of approach to caseload management.
- The community adult mental health service received an overall rating of requires improvement.

# Adult mental health and PICU follow up inspection progress

## Key area of focus

- Complex systems for risk assessment and risk management.

## Progress

- Quality assurance programme implemented to provide quality oversight of clinical risk assessment and risk management.
- System redesign for recording of risk assessment and risk management.
- Roll out to embed the systems for new risk assessment and risk management processes in all other specialties.

A follow up inspection was undertaken by the CQC in May 2021. The CQC was assured by the progress and the service was re-rated as Requires Improvement.

# Wider challenges and how we're addressing them

- Workforce.
- Impact of the pandemic - outbreaks for patients and staff.
- Capacity and demand.
- Acuity.



## A focus on workforce

- International recruitment.
- Over recruited in some areas.
- Increased size of recruitment team.
- A key focus on skill mix.
- Well governed process in place for starting people quicker.
- Impact – increase of 5%.

# A focus on workforce continued...

- Scoping refer a friend for hard to recruit posts.
- Developing rolling online recruitment process with Sussex University.
- Refresh retention work - a good induction, ongoing supervision and support.
- Our reward and recognition package is favourable compared to other trusts and we need to market this more to increase uptake.
- A review of our incentive plan.
- Restructuring our people and culture directorate with increased focus on:
    - workforce planning
    - health and wellbeing
    - staff engagement.

# Our Journey To Change

journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

## 1 Why we do what we do

We want people to lead their best possible lives.

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

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

## 3 The kind of organisation we want to be

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

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

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

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

**Responsibility**
- Honest
- Learning
- Ambitious

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

### Goal 1

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

- **Outstanding** and compassionate care, all of the time.
- **Access** to the care that is right for you.
- **Support** to achieve your goals.
- **Choice** and control.

### Goal 2

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

- **Proud**, because your work is meaningful.
- **Involved** in decisions that affect you.
- **Well led** and managed.
- That your workplace is **fit for purpose**.

### Goal 3

**To be a great partner, so we will:**

- Have a **shared understanding** of the needs and the strengths of our communities
- Be **working innovatively** across organisational boundaries to improve services.
- Be **widely recognised** for what we have achieved together.

Your opinions are important to achieve our goals. Get involved

www.tewv.nhs.uk/our-journey-to-change

Tees, Esk and Wear Valleys
NHS Foundation Trust

# Thank you – any questions?



journey to change

**18 March 2022**

**Brent Kilmurray**

**Chief Executive**

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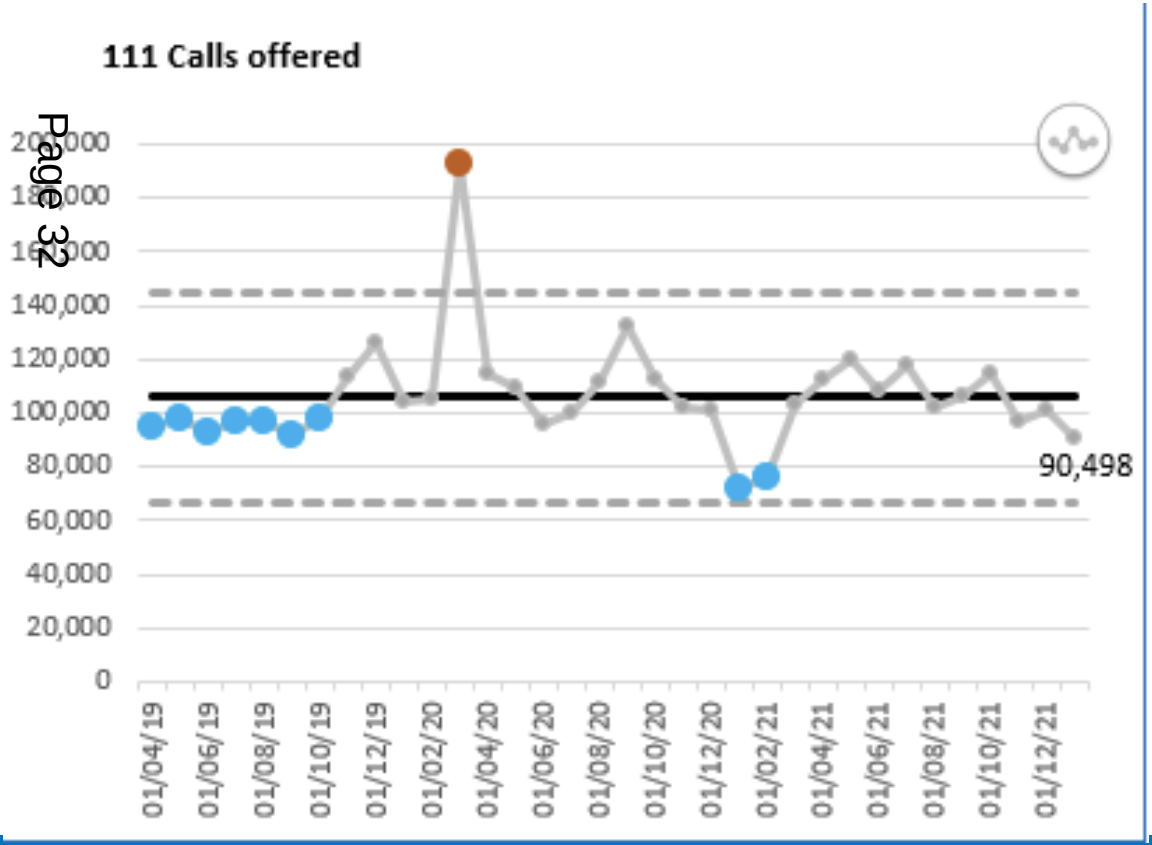
NHS
North East Ambulance Service
NHS Foundation Trust

# Performance update to Tees Valley joint health scrutiny committee

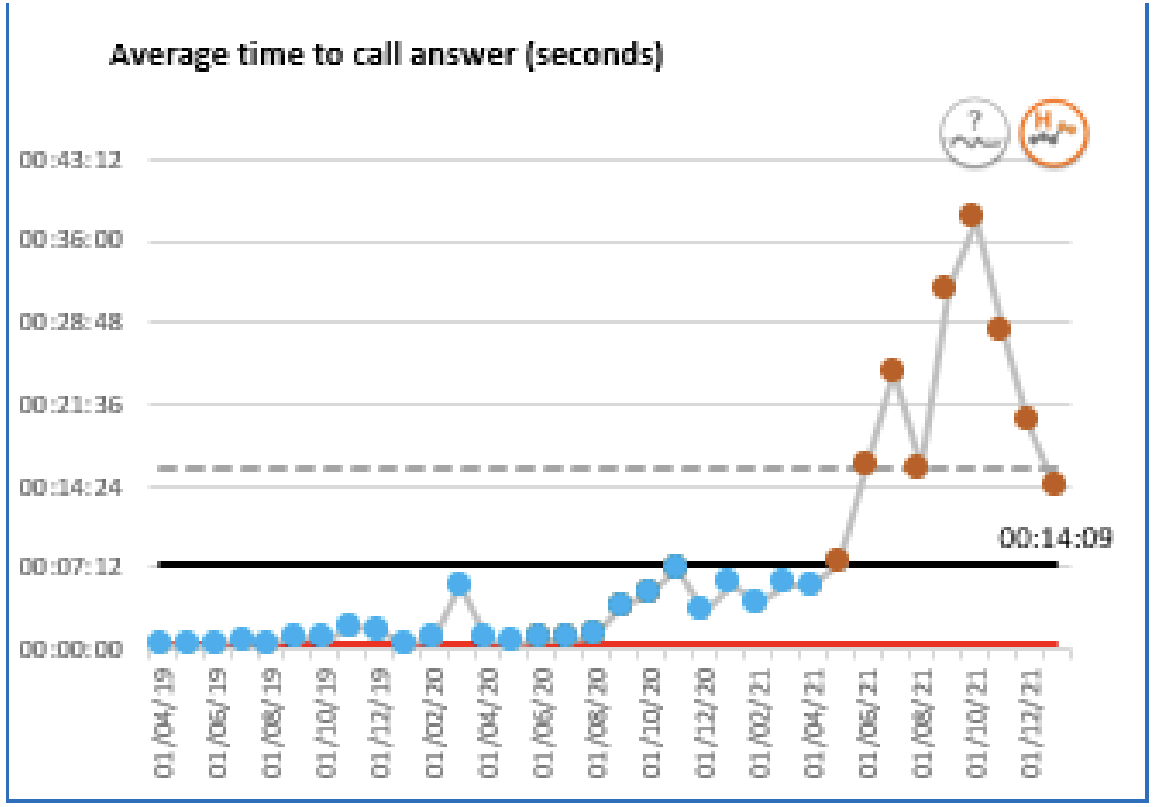
Helen Ray, chief executive

Mark Cotton, assistant director of communications

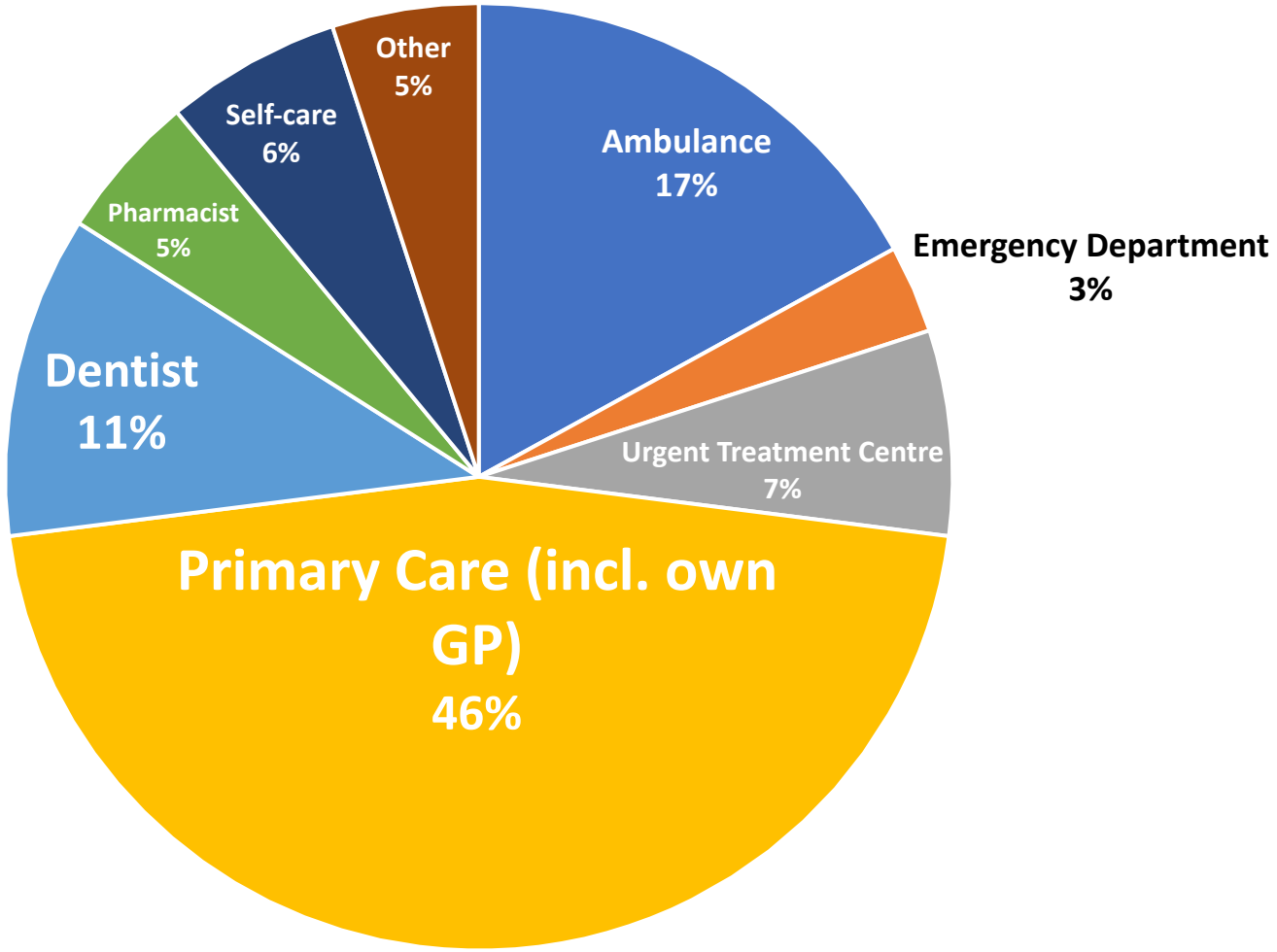
# 111 calls offered and average time to answer



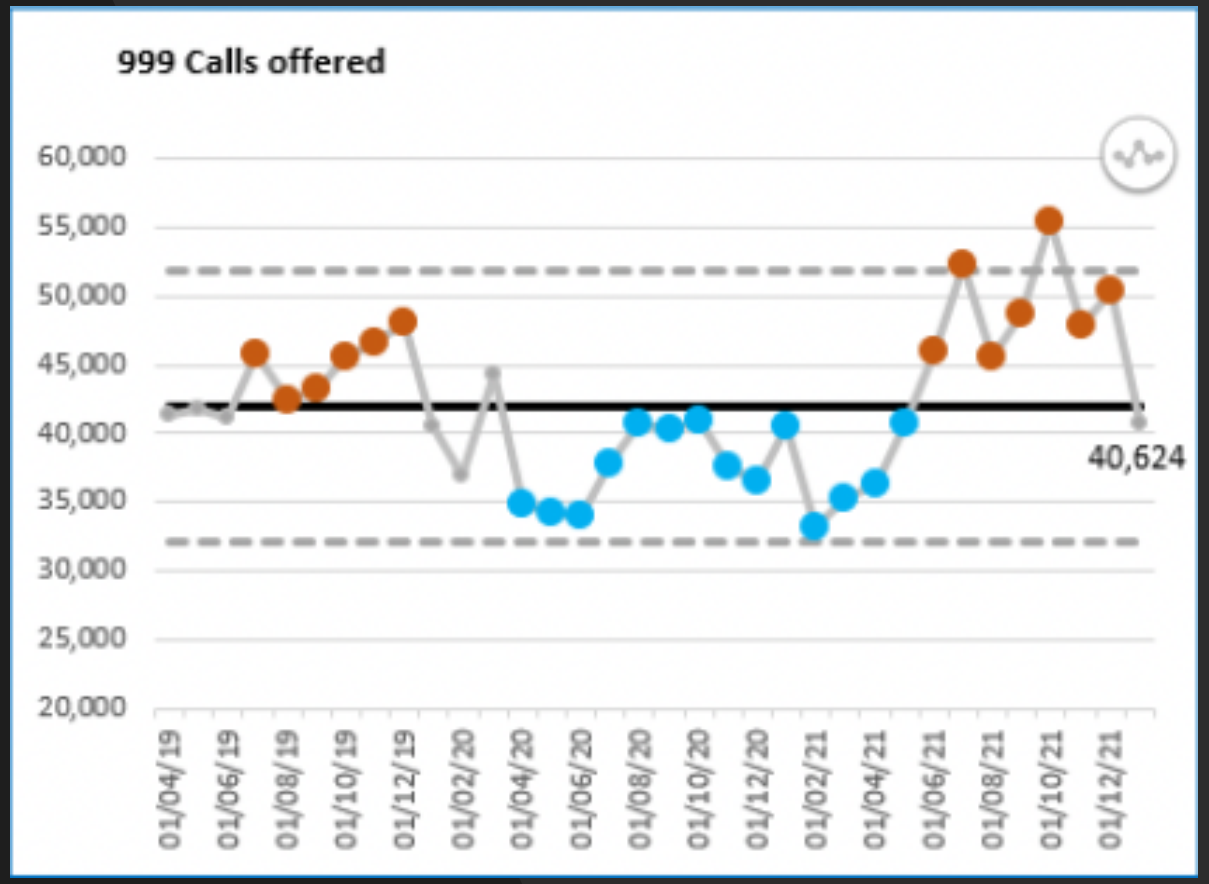


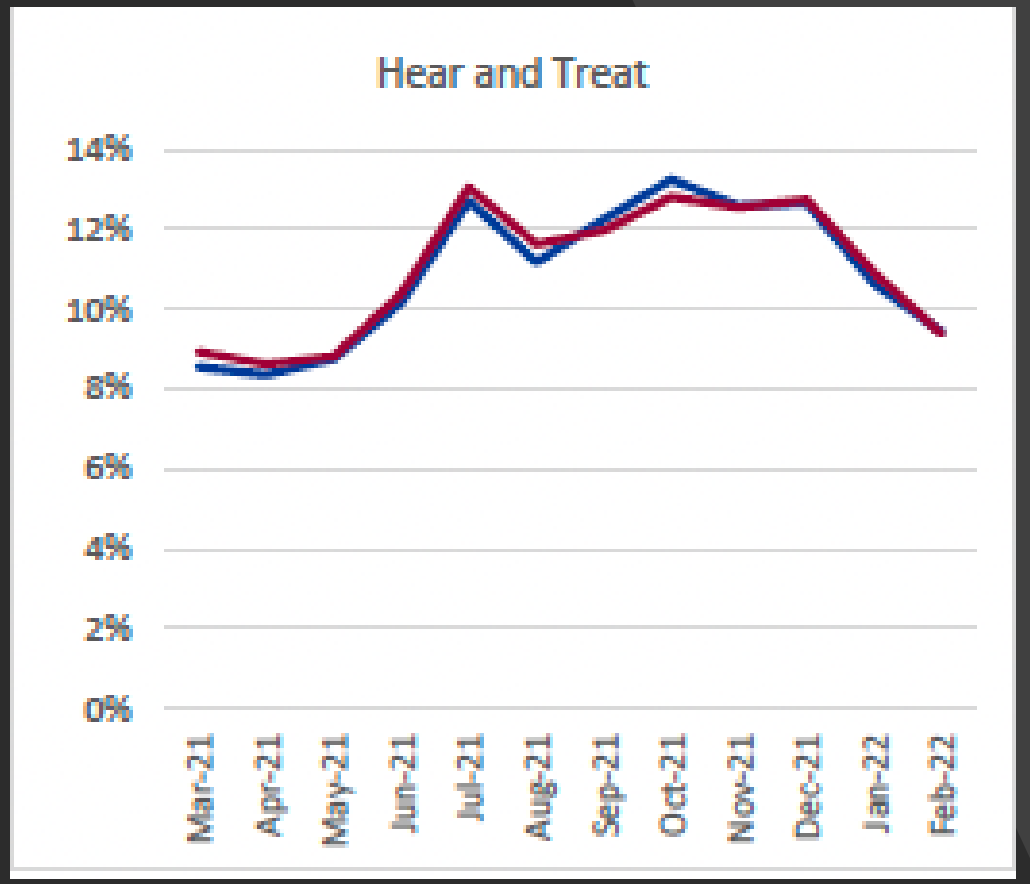



# 111 outcomes (December 2021)



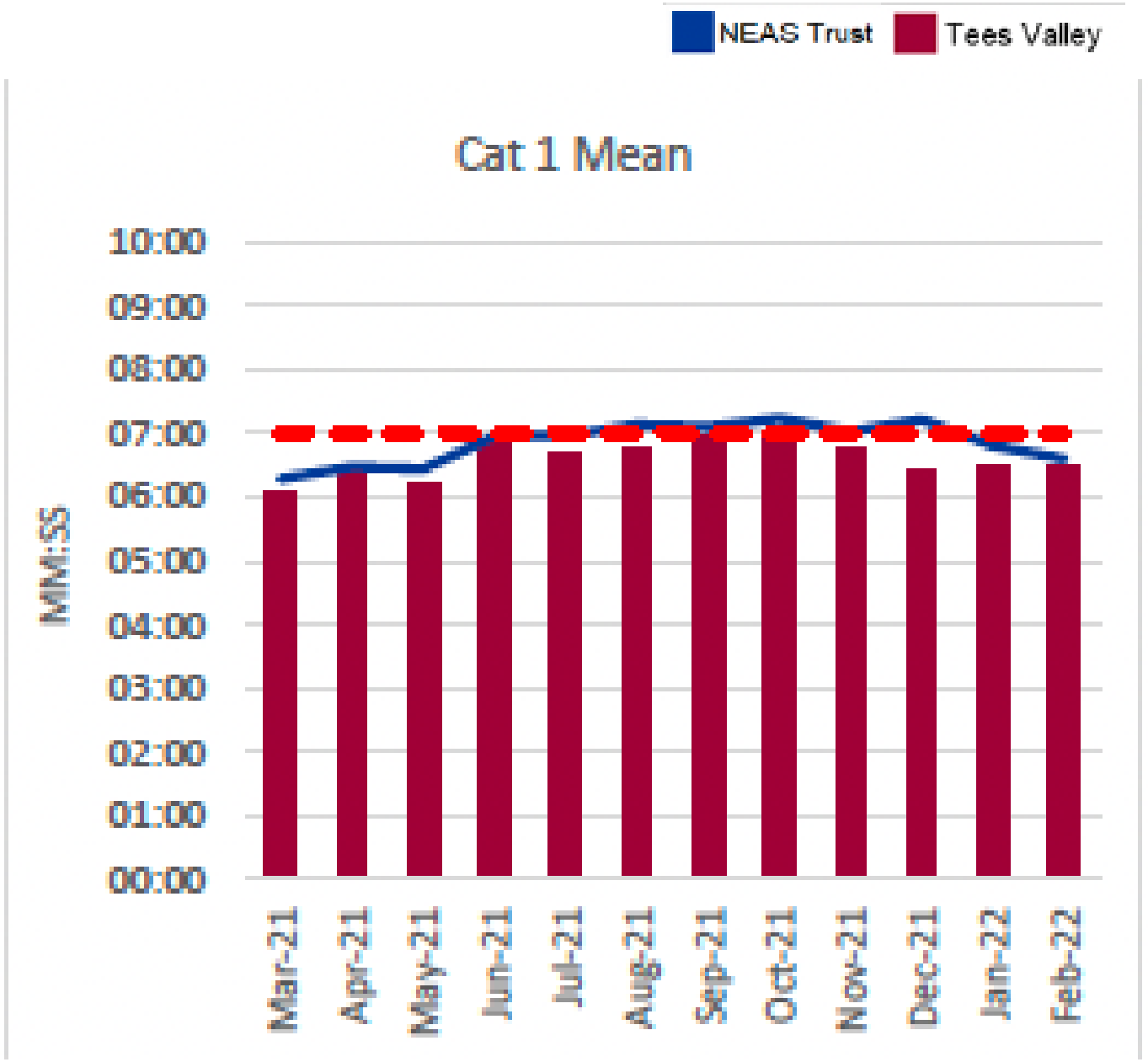
# 999 calls offered and hear & treat rates over phone

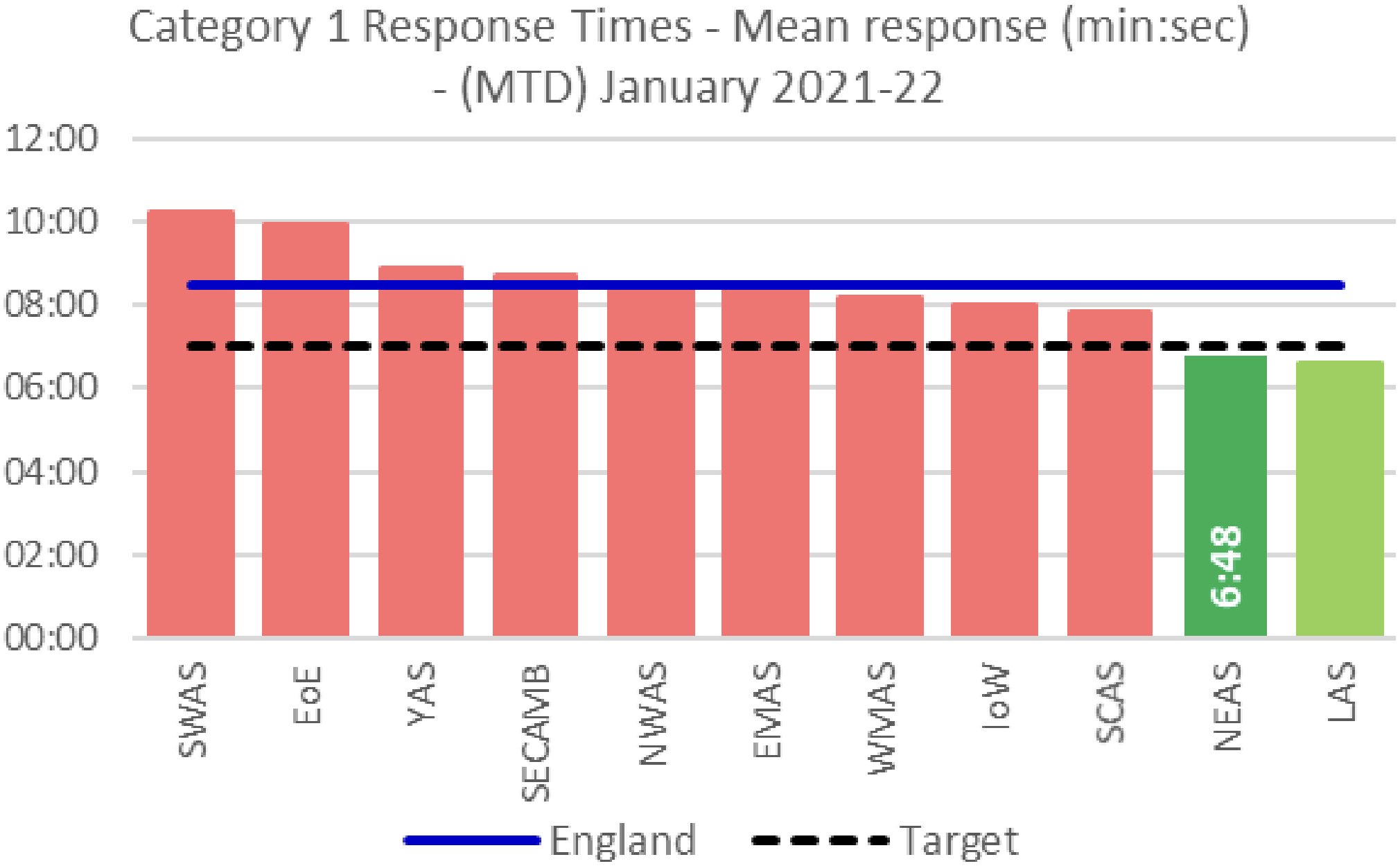


# Average response standards to life-threatening calls in Tees Valley and across NEAS

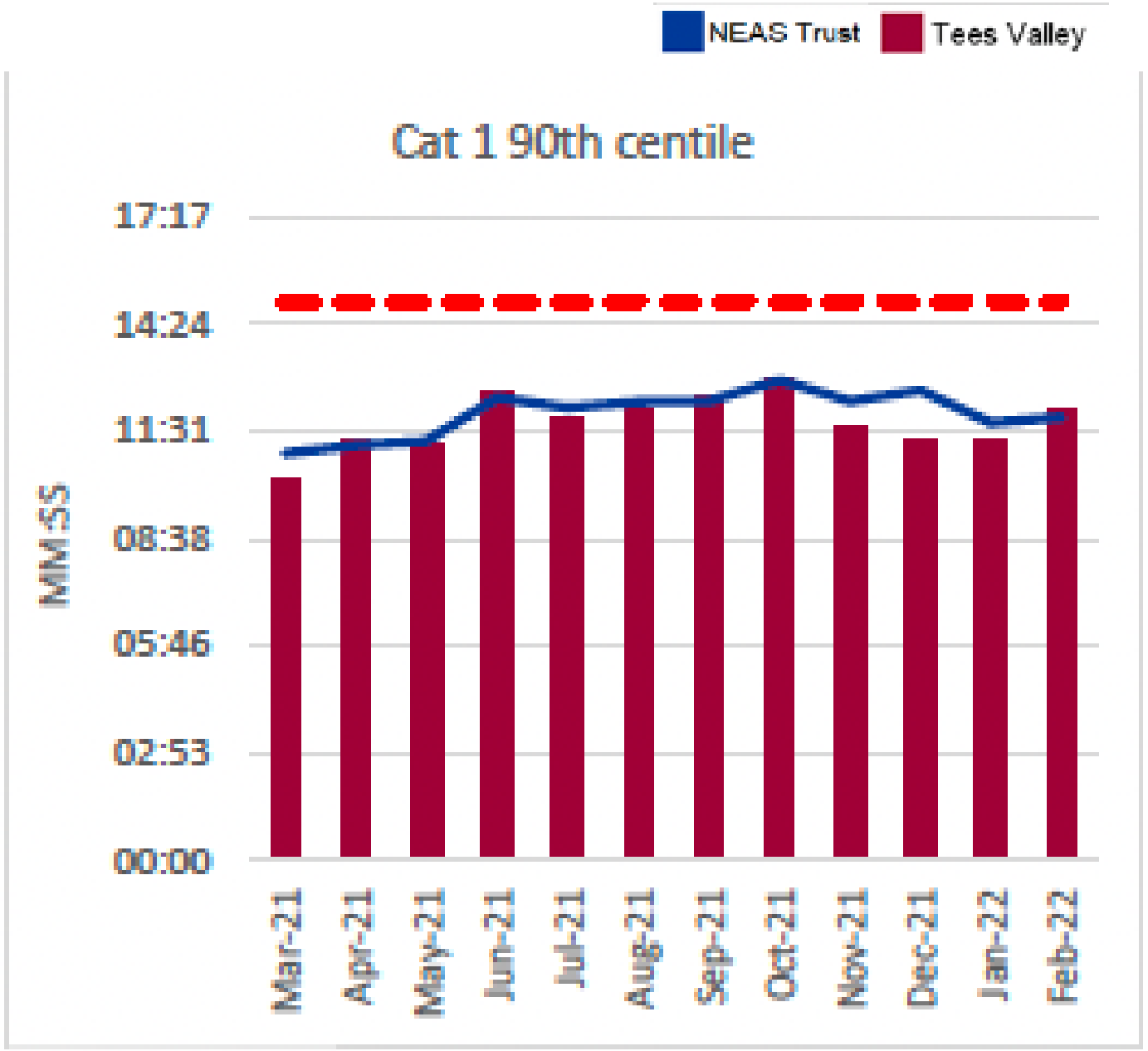


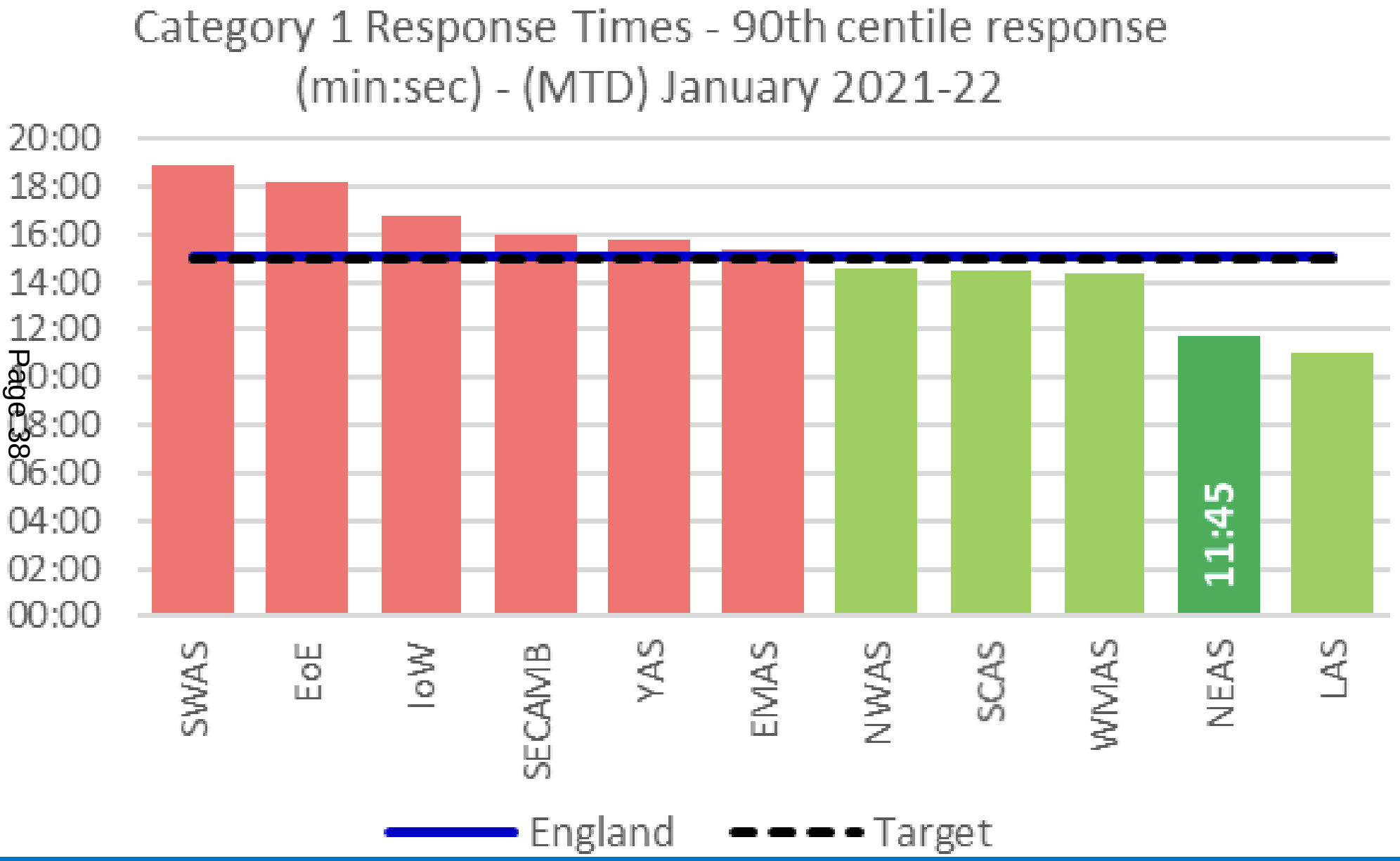



Category 1 Response Times - Mean response (min:sec)
- (MTD) January 2021-22
12:00
10:00
08:00
06:00
04:00
02:00
00:00
6:48
SWAS
EoE
YAS
SECAMB
NWAS
EMAS
WMAS
IoW
SCAS
NEAS
LAS
England
Target

# Response standards to 90% of life-threatening calls in Tees Valley and across NEAS

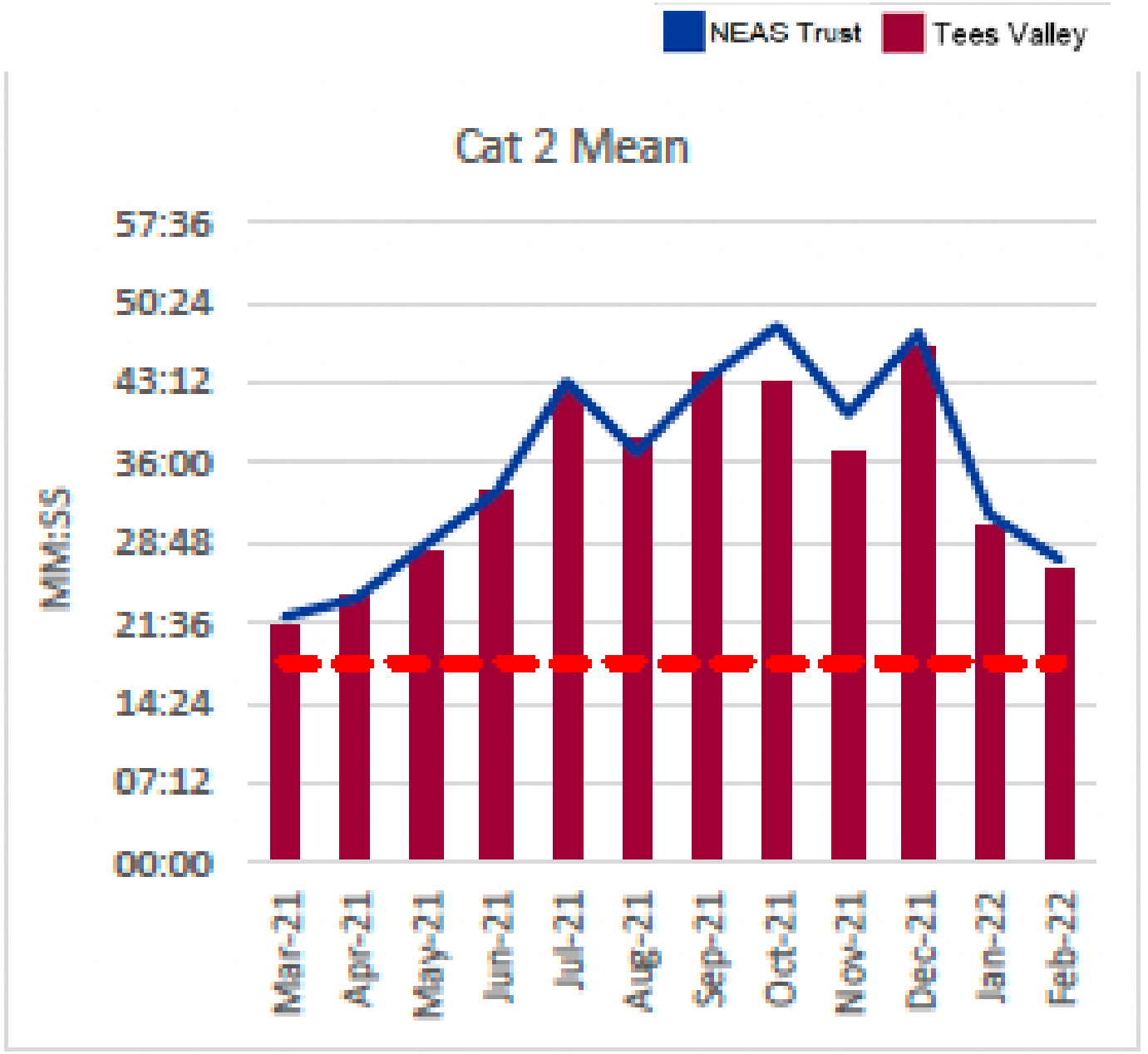


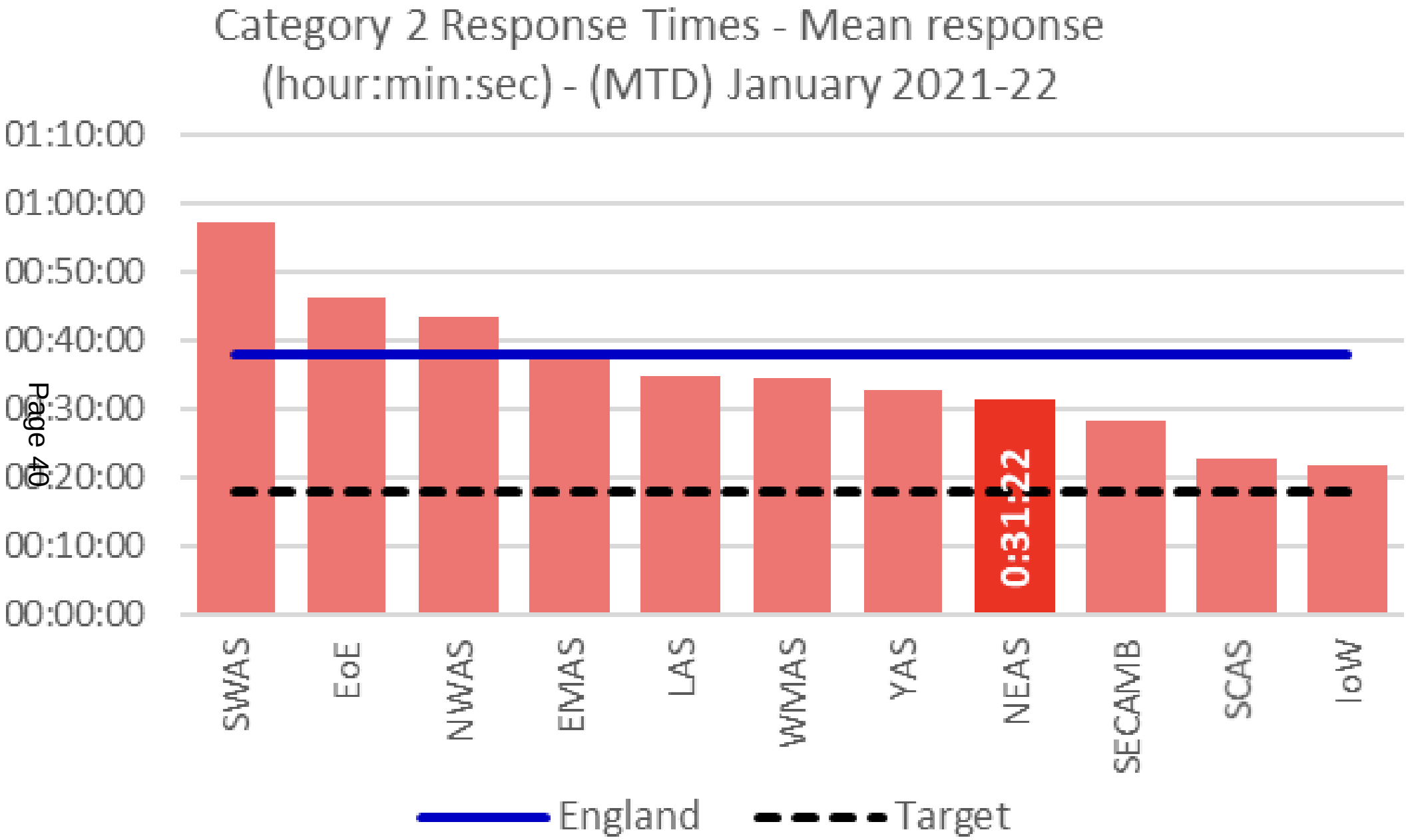



Category 1 Response Times - 90th centile response (min:sec) - (MTD) January 2021-22
20:00
18:00
16:00
14:00
12:00
10:00
08:00
06:00
04:00
02:00
00:00
11:45
SWAS
EoE
IoW
SECAMB
YAS
EMAS
NWAS
SCAS
WMAS
NEAS
LAS
England
Target

# Average response standards to emergency calls in Tees Valley and across NEAS

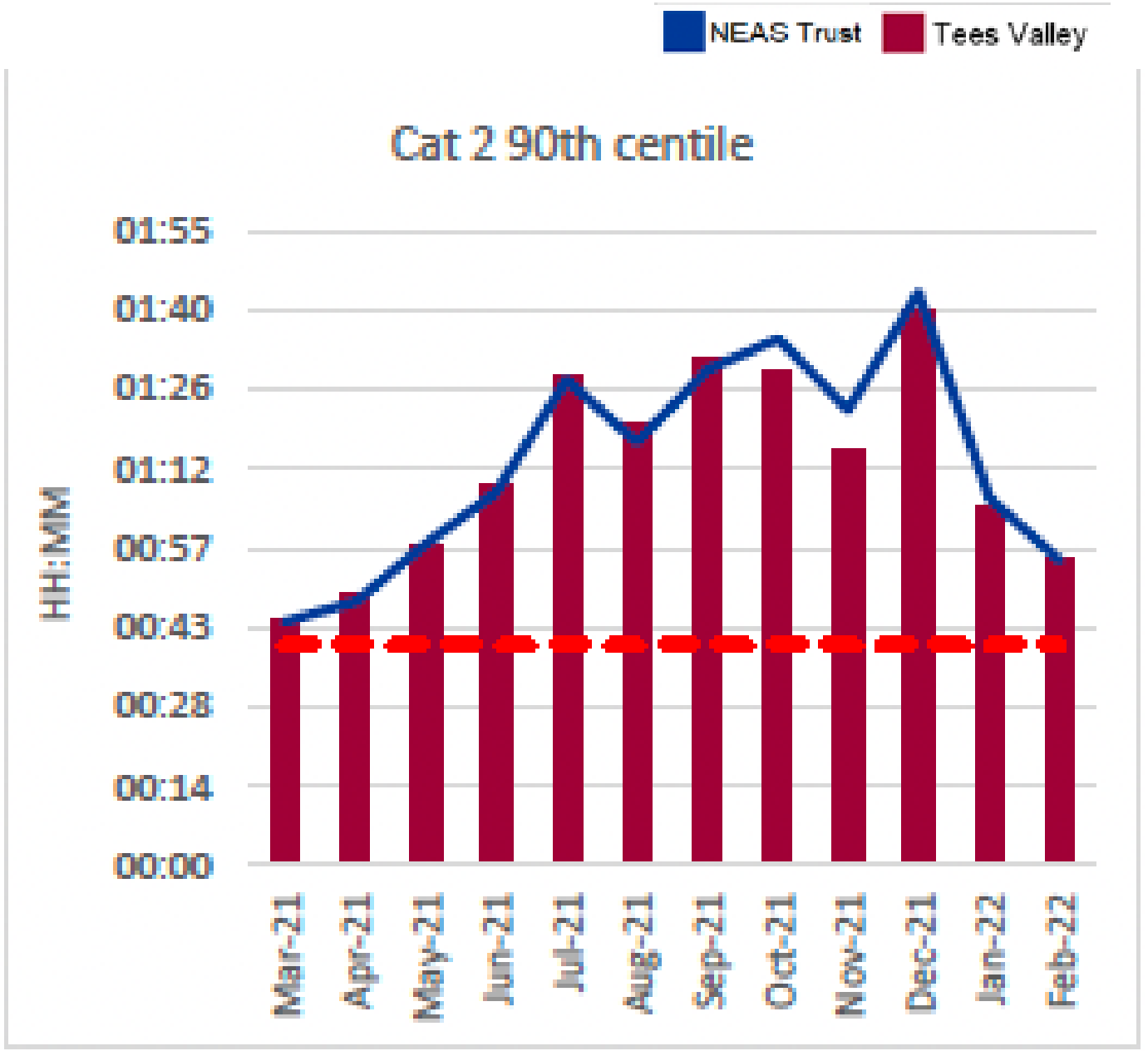


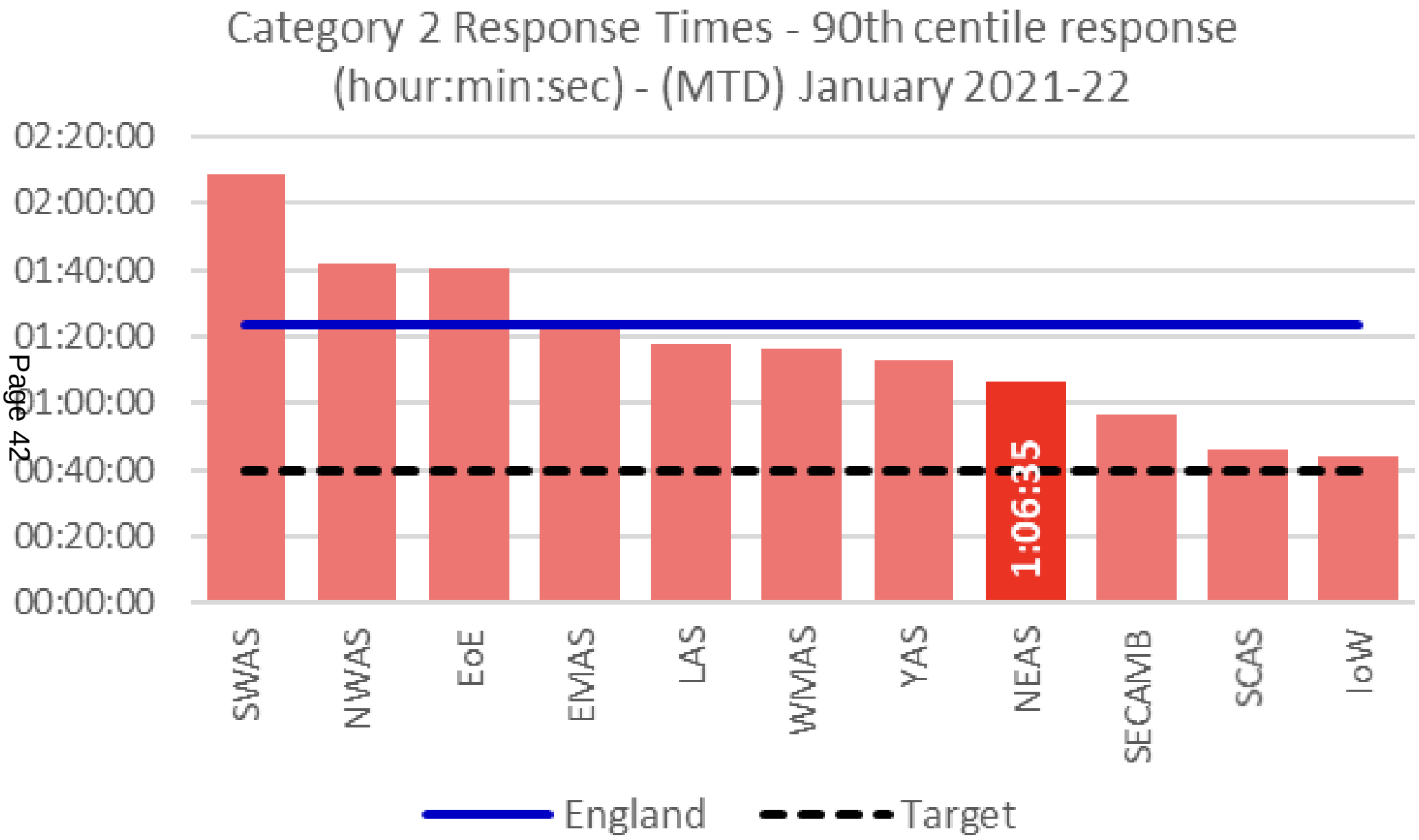



Category 2 Response Times - Mean response (hour:min:sec) - (MTD) January 2021-22
01:10:00
01:00:00
00:50:00
00:40:00
00:30:00
00:20:00
00:10:00
00:00:00
0:31:22
SWAS
EoE
NWAS
EMAS
LAS
WMAS
YAS
NEAS
SECAMB
SCAS
IoW
England
Target

# Response standards to 90% of emergency calls in Tees Valley and across NEAS

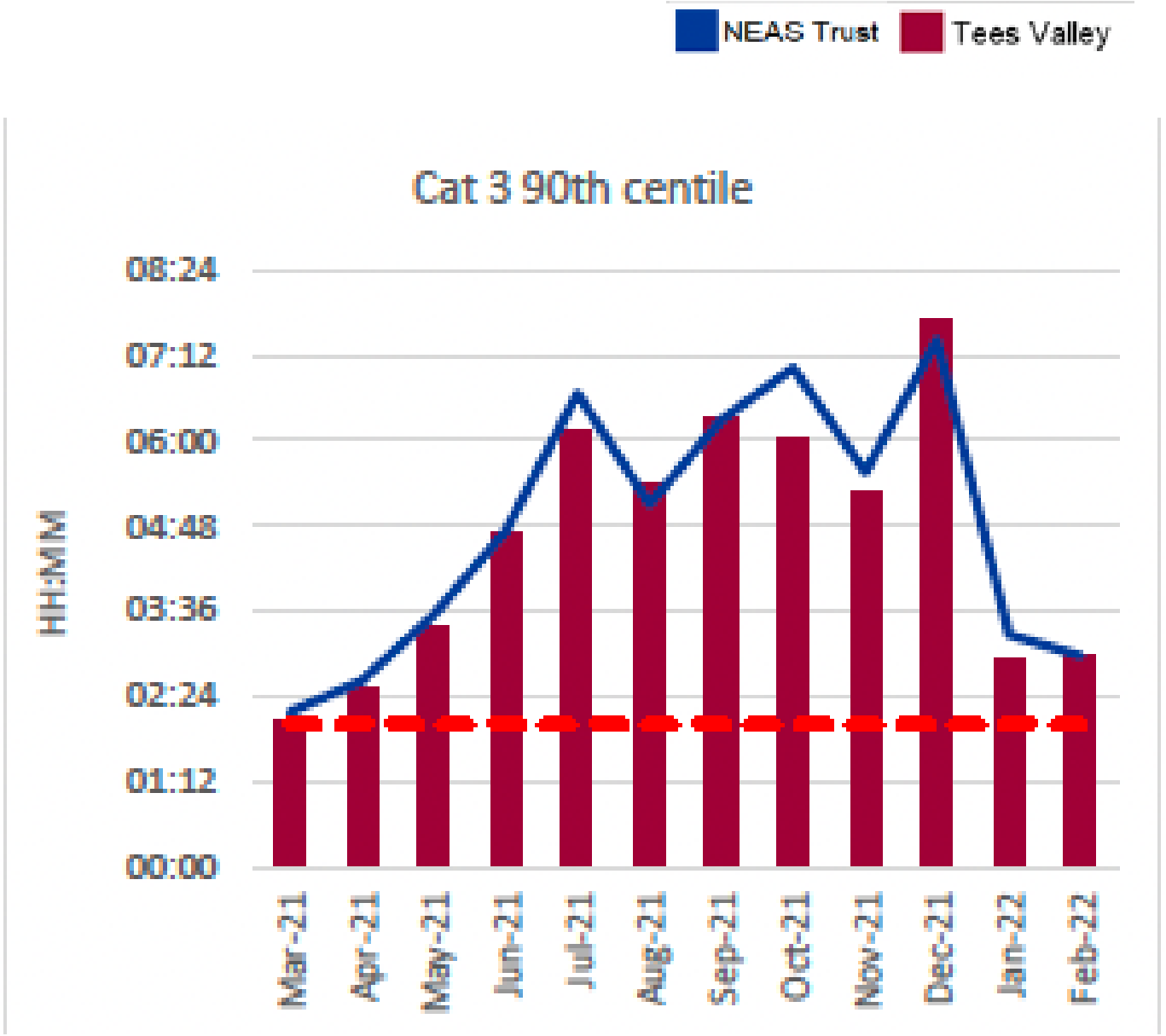




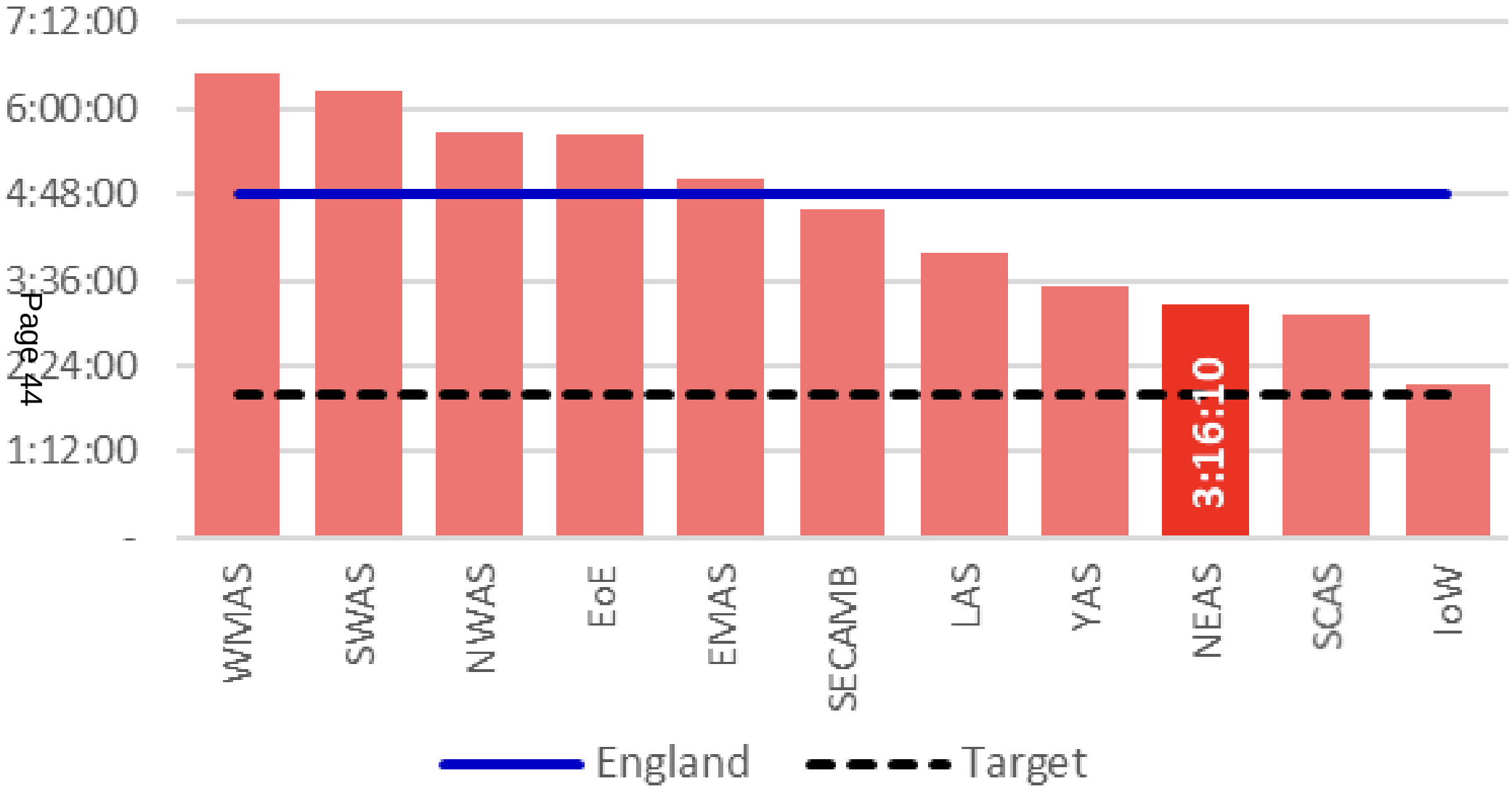

Category 2 Response Times - 90th centile response (hour:min:sec) - (MTD) January 2021-22
02:20:00
02:00:00
01:40:00
01:20:00
01:00:00
00:40:00
00:20:00
00:00:00
1:06:35
SWAS
NWAS
EoE
EMAS
LAS
WMAS
YAS
NEAS
SECAMB
SCAS
IoW
England
Target

# Response standards to 90% of urgent calls in Tees Valley and across NEAS



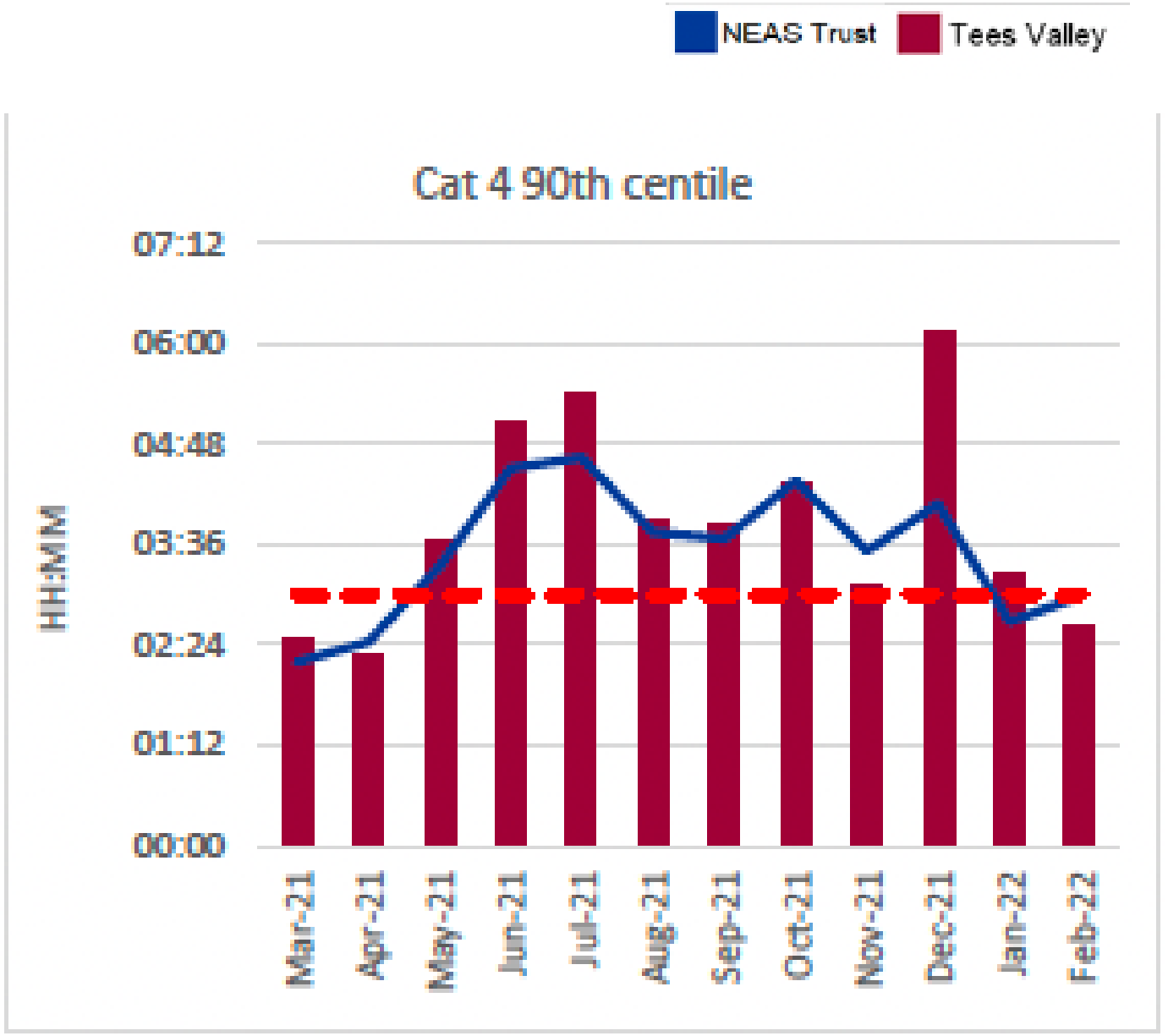


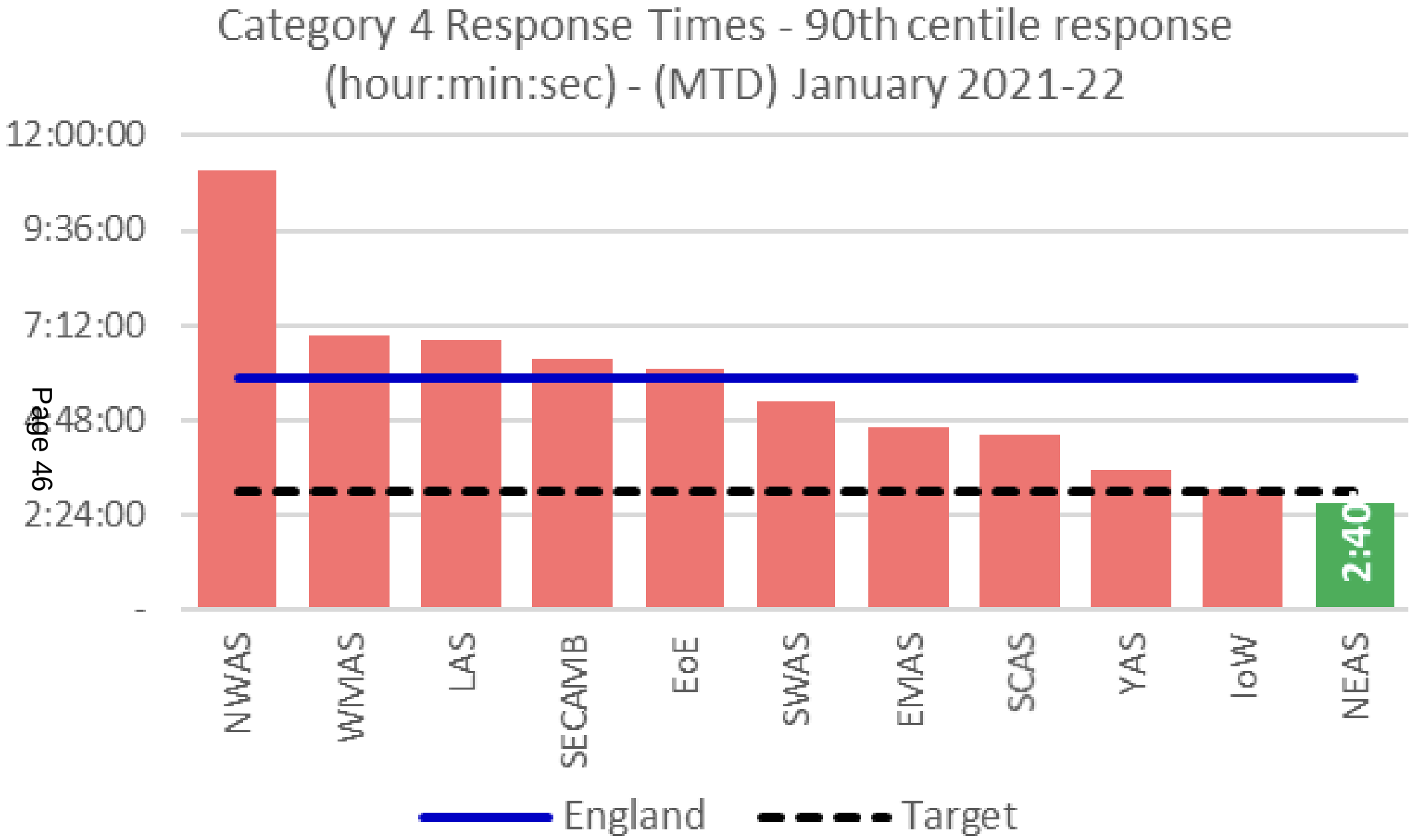
# Category 3 Response Times - 90th centile response (hour:min:sec) - (MTD) January 2021-22



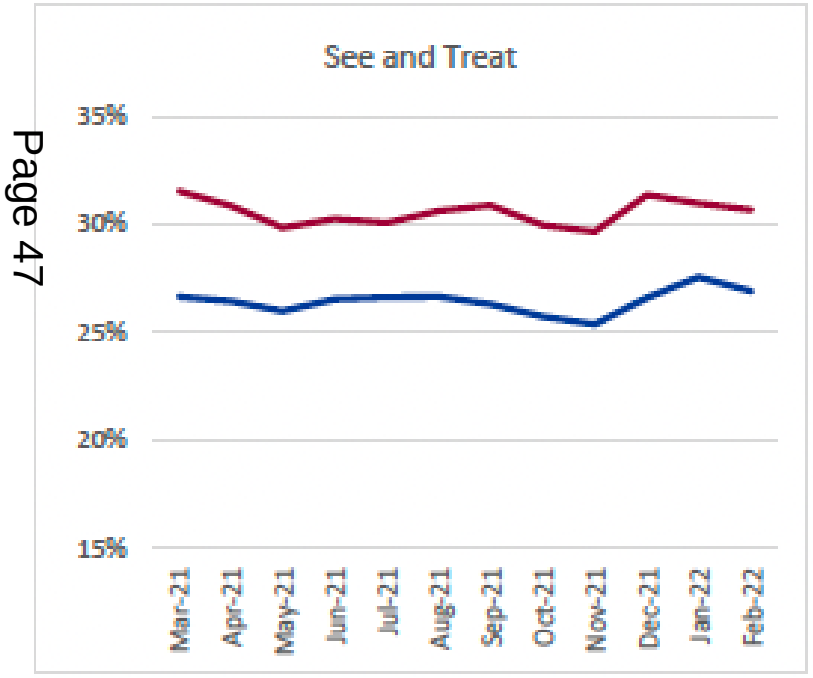
# Response standards to 90% of non-urgent calls in Tees Valley and across NEAS

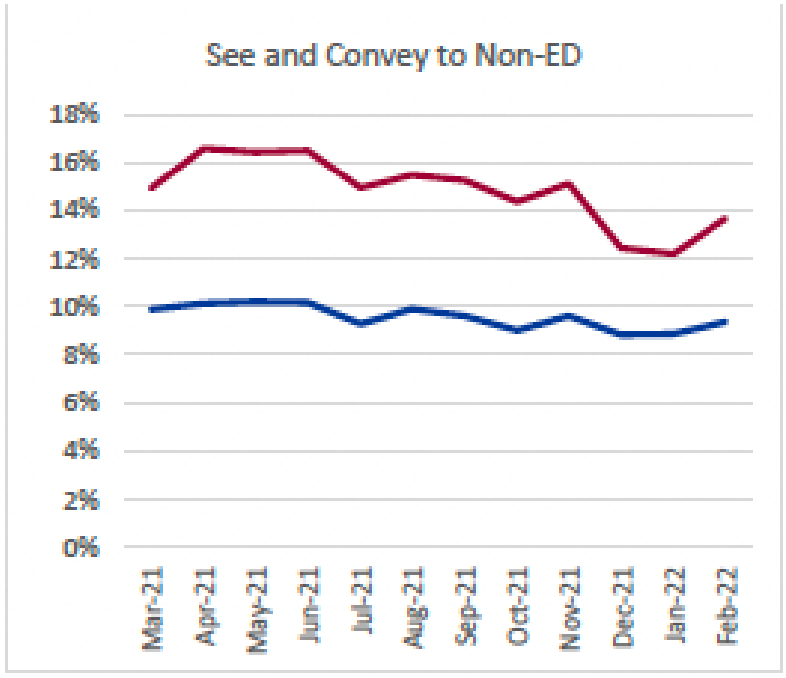


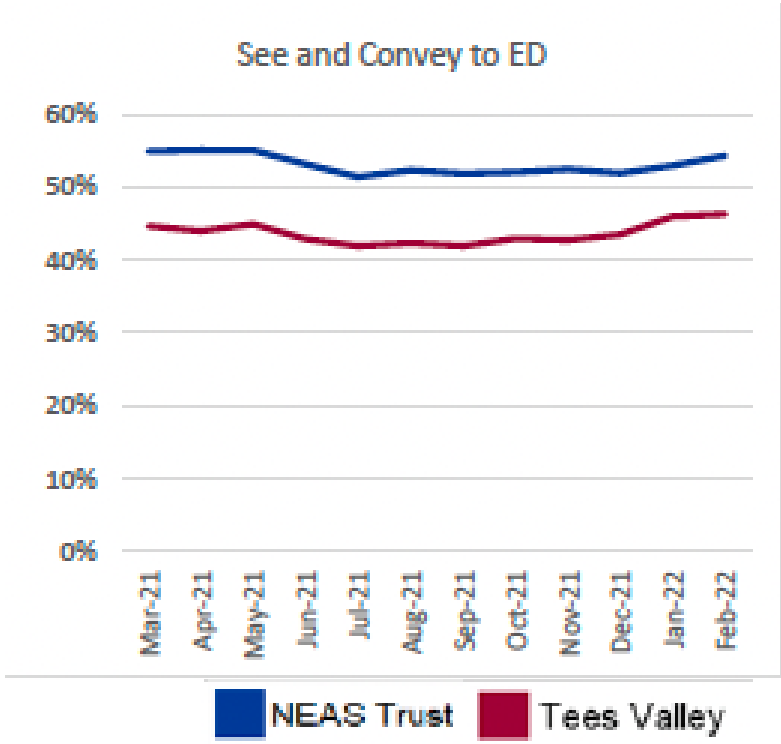



Category 4 Response Times - 90th centile response (hour:min:sec) - (MTD) January 2021-22
12:00:00
9:36:00
7:12:00
4:48:00
2:24:00
-
2:40
NWAS
WMAS
LAS
SECAMB
EoE
SWAS
EMAS
SCAS
YAS
IoW
NEAS
England
Target

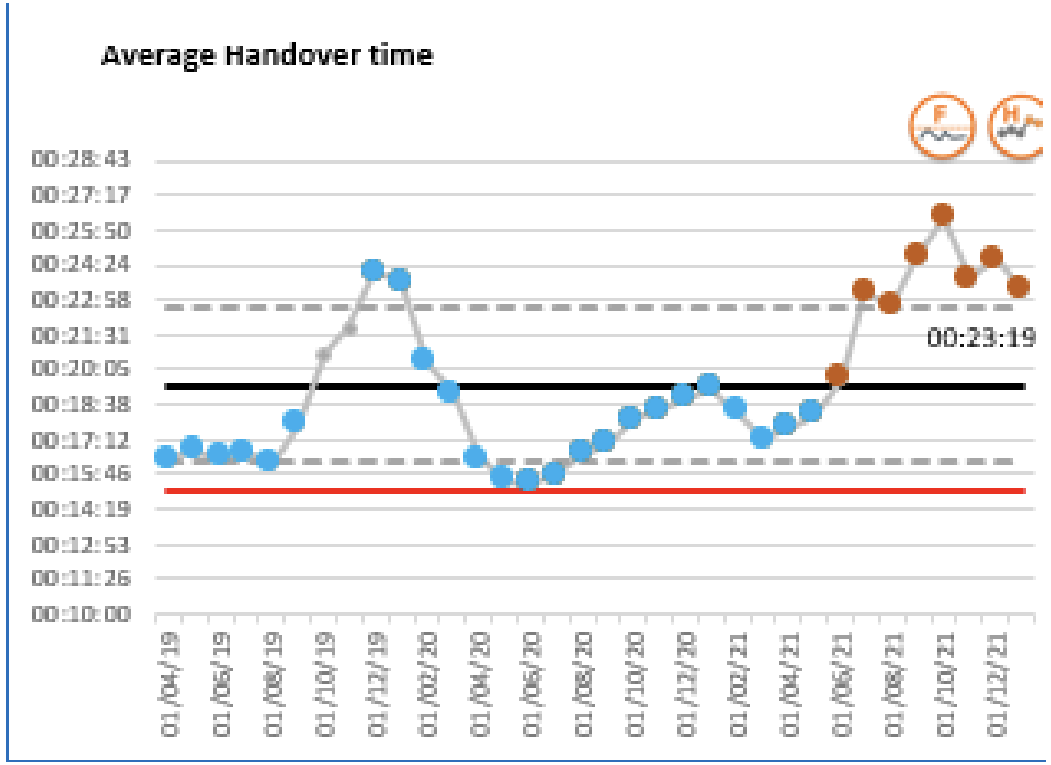
# 999 see & treat/ see & convey rates

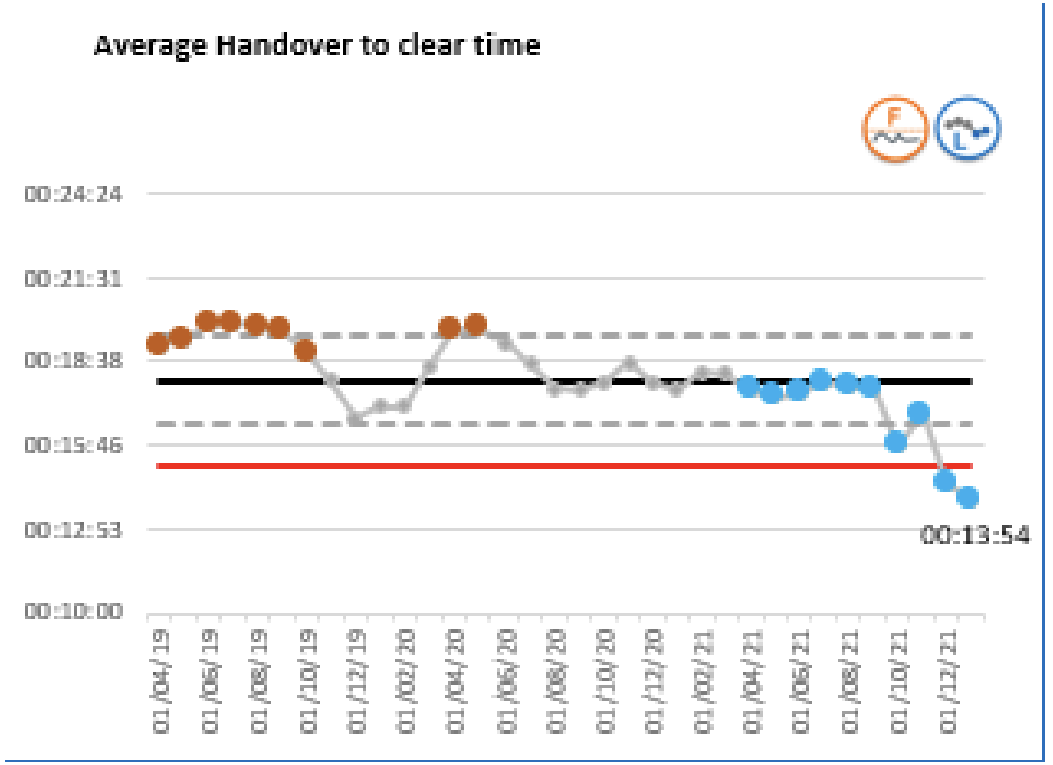


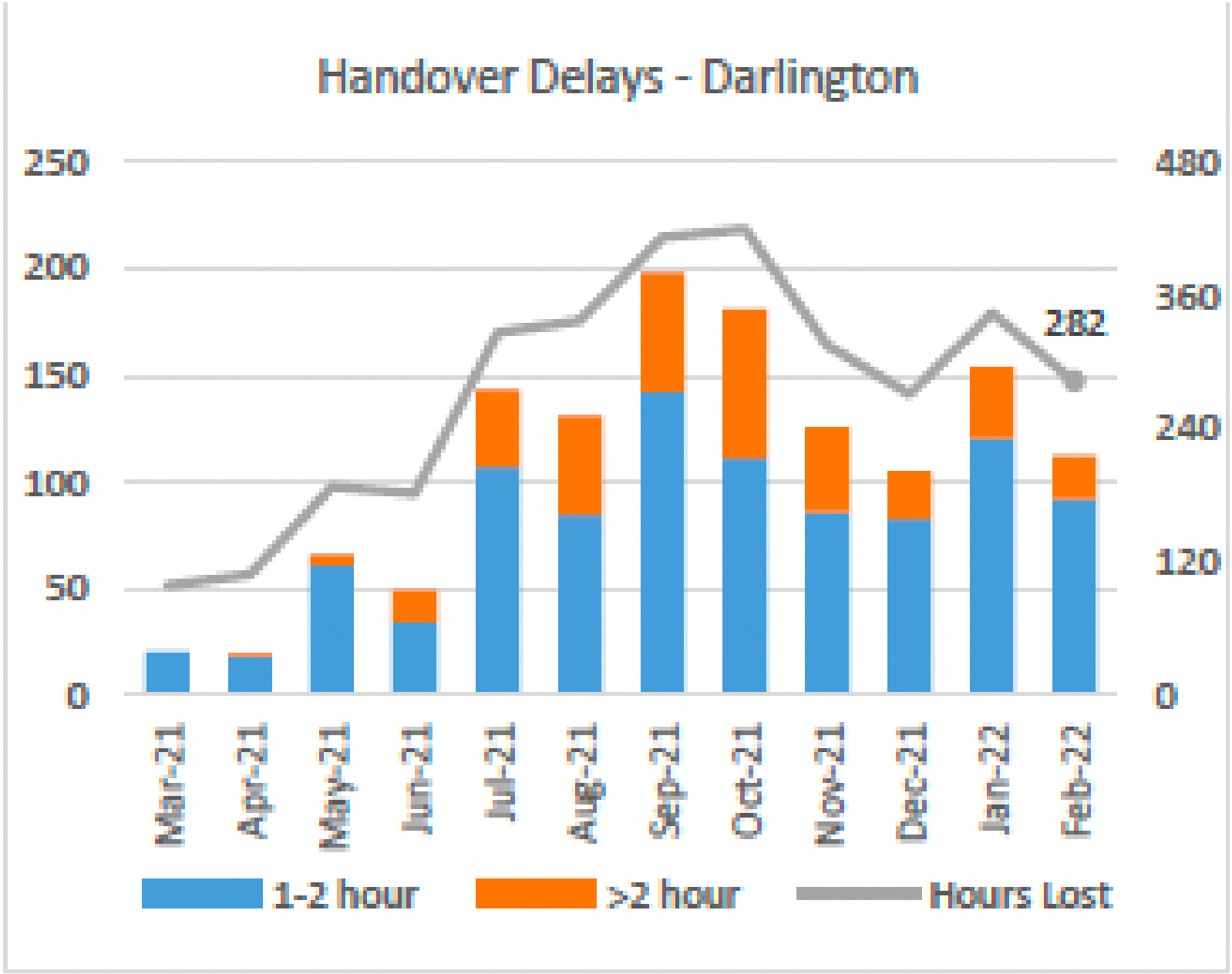
# Average time to handover at hospital and average time to clear



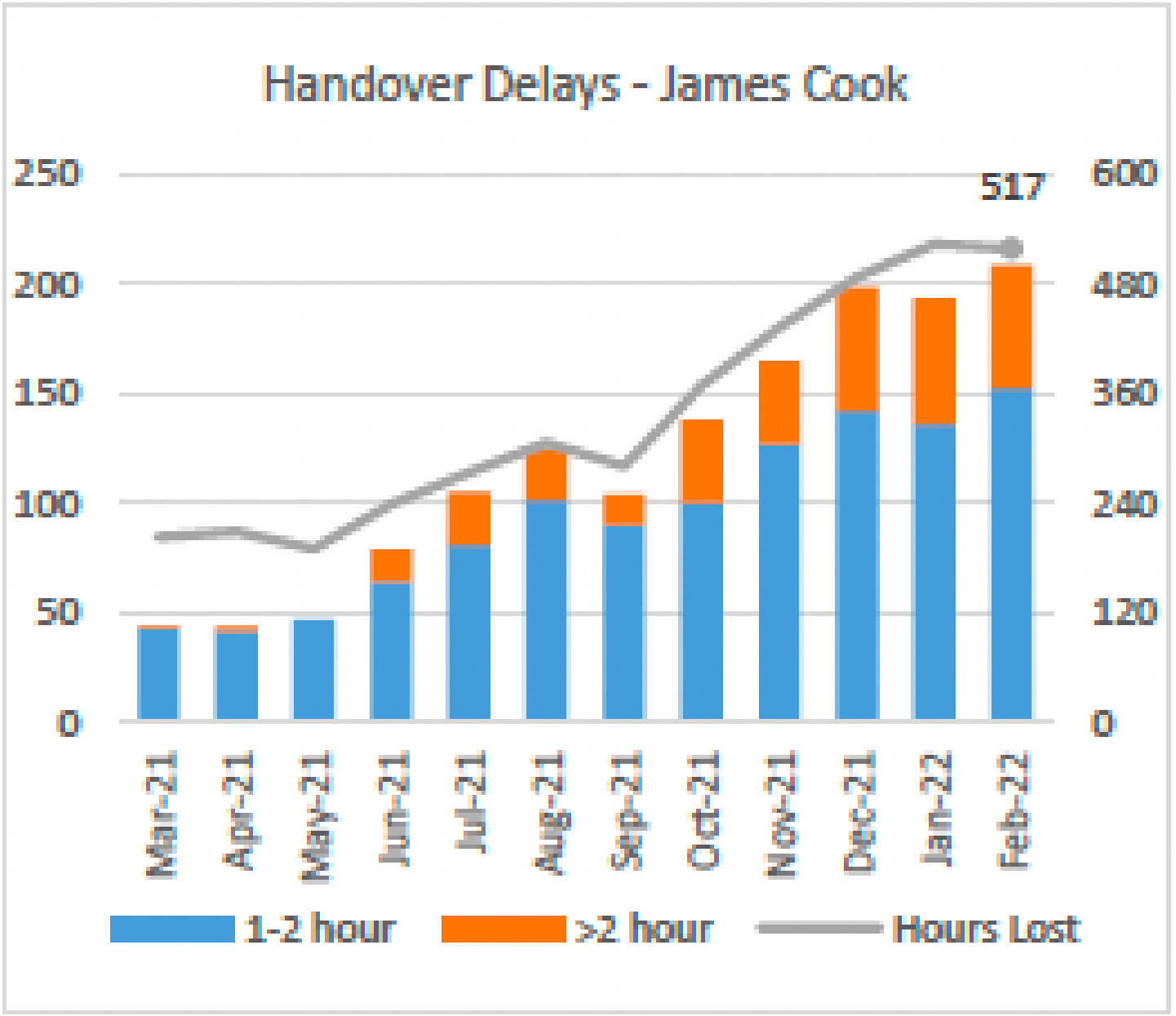
# Handover delays – Darlington Memorial Hospital





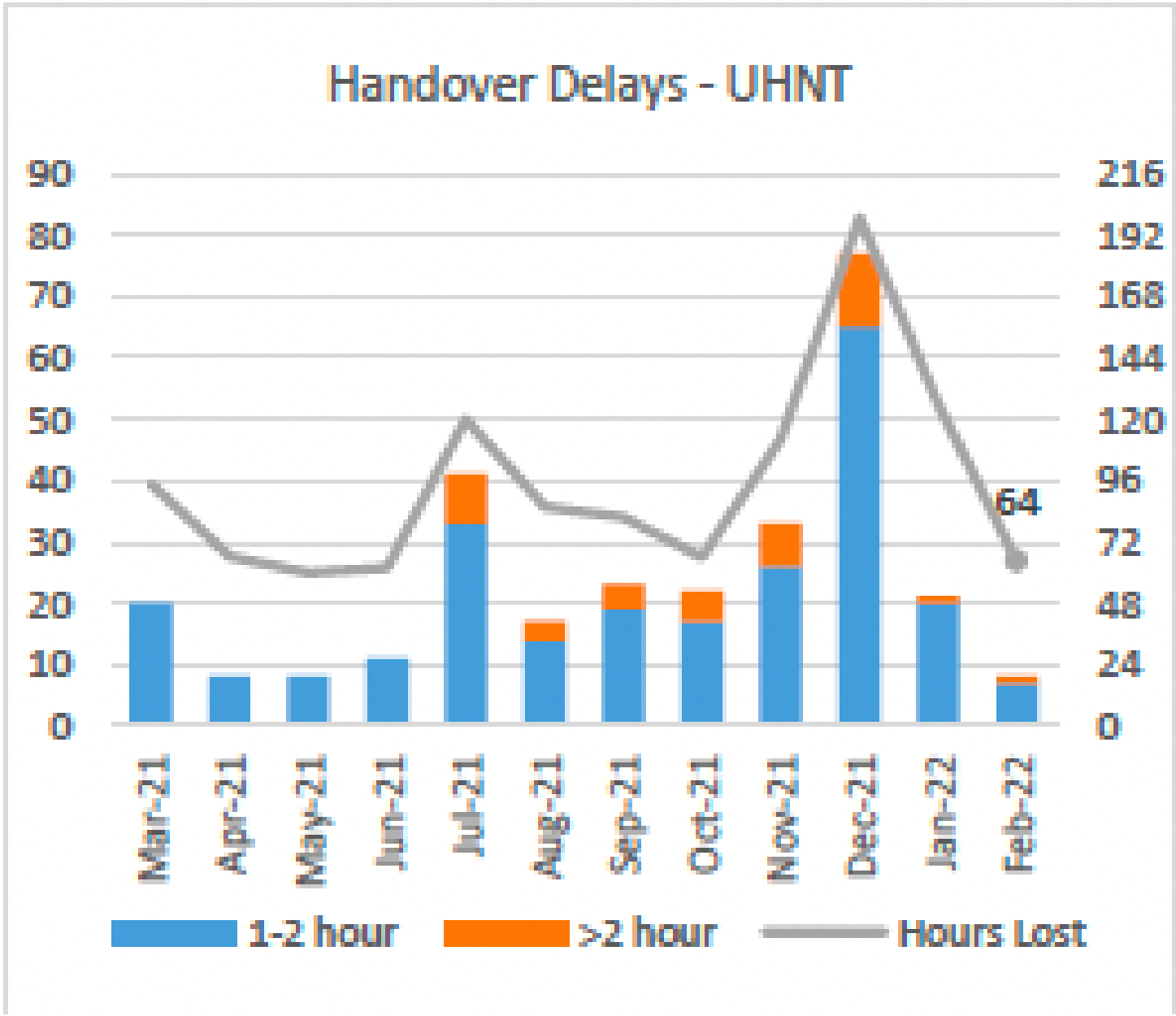
# Handover delays – James Cook Hospital

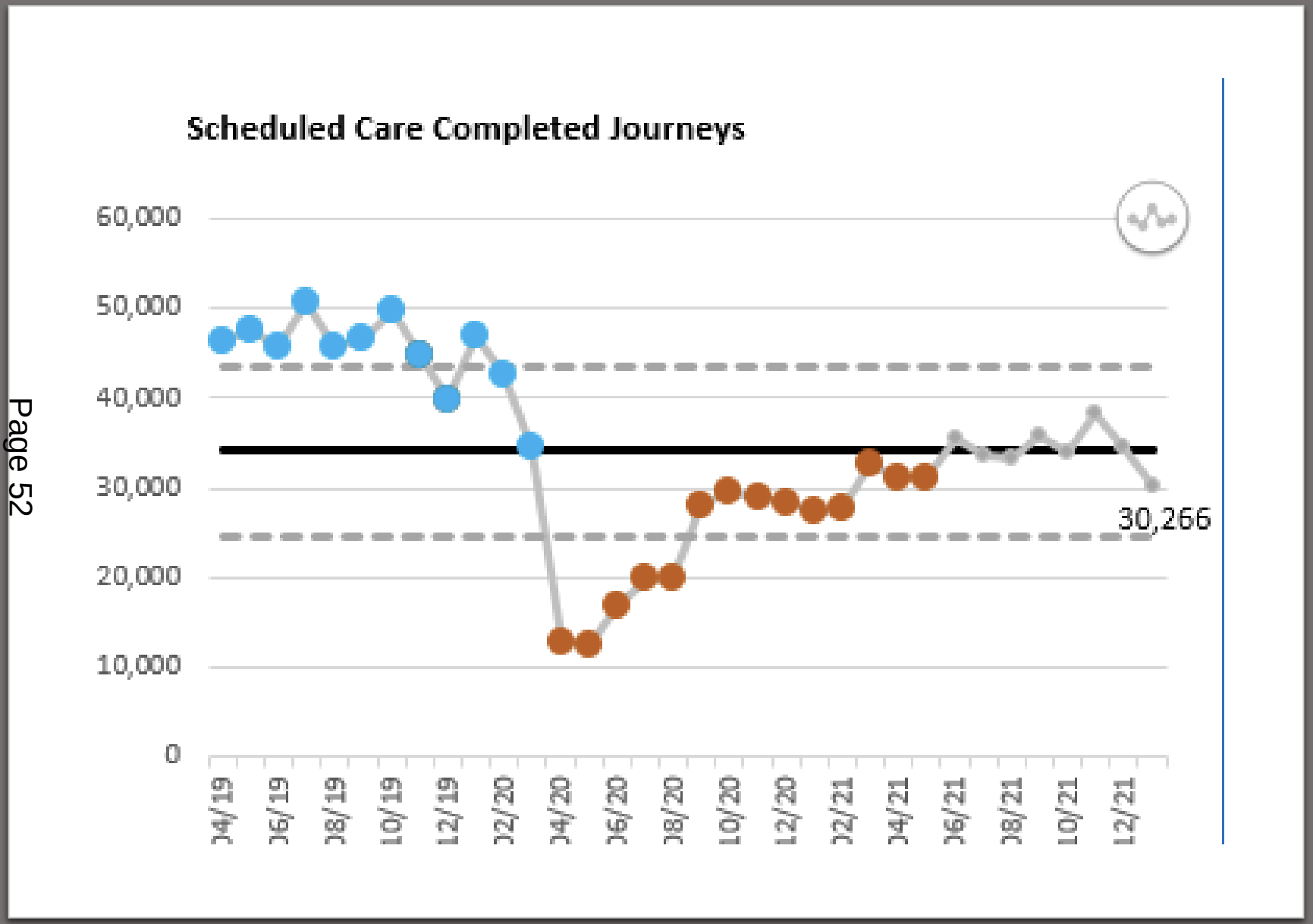




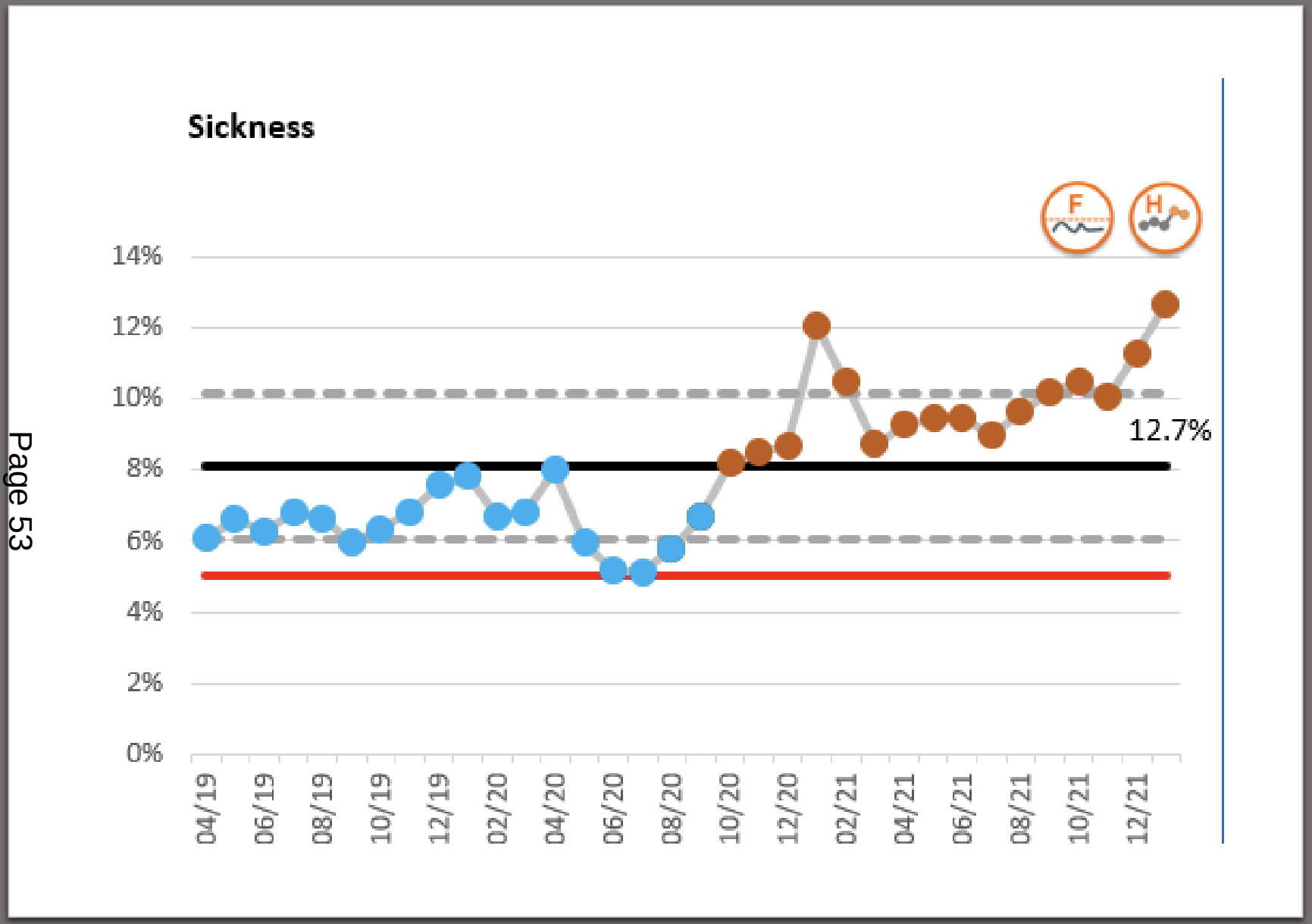
# Handover delays – North Tees Hospital








# Patient transport journeys

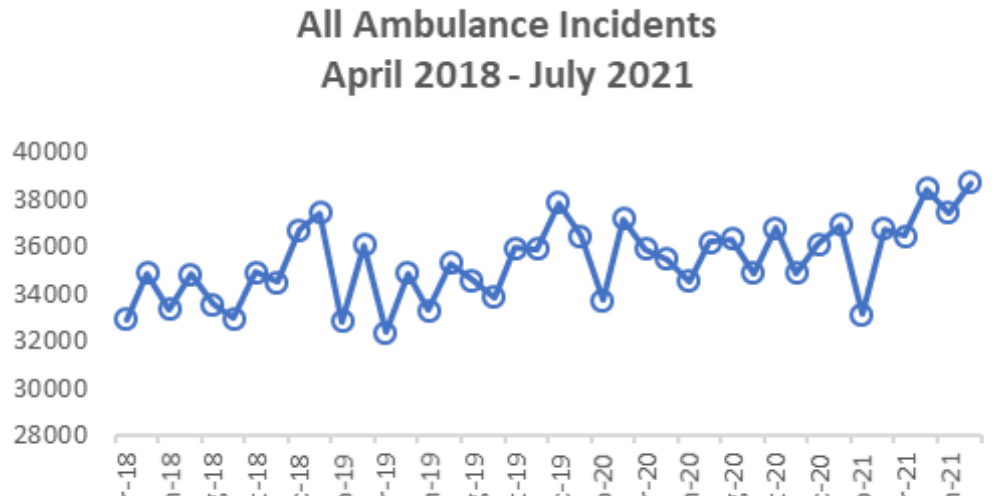


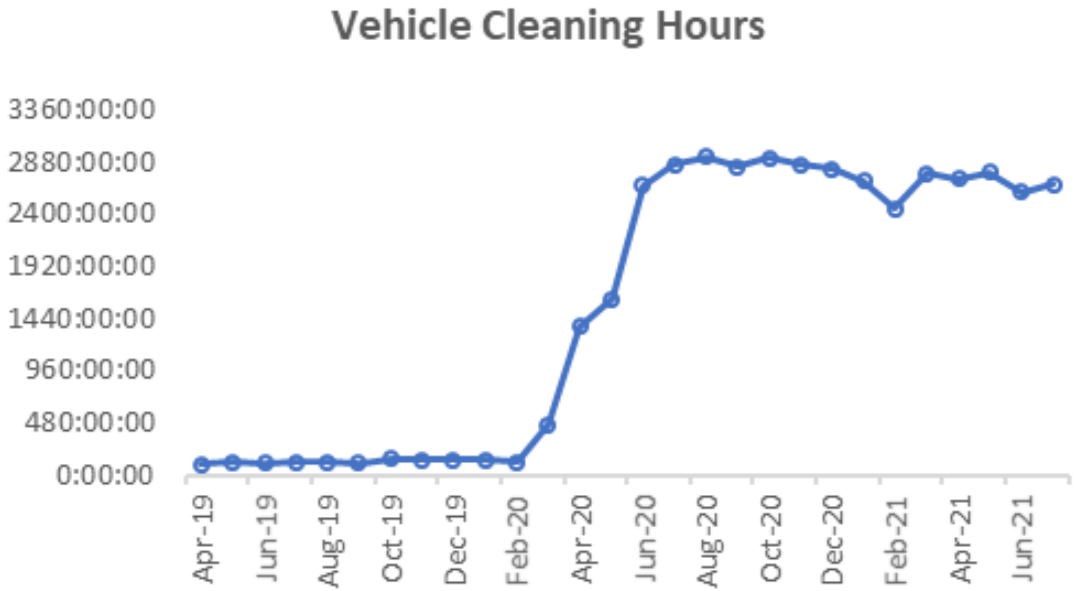

# Staff sickness absence

# Issues impacting performance

- Increases in demand acuity have put further pressure on response times, with demand more difficult to forecast
- Covid impacts – particularly sickness, shielding and cleaning – have put pressure on road resources
- Risk these factors will continue along with:
  - wider system pressures including turnaround time and primary care capacity
  - Long covid impact on staff and staff well-being





# Vision, Mission & Goals


Vision: Unmatched Quality of Care

Mission: Safe, Effective, Responsive care for all

# Our values

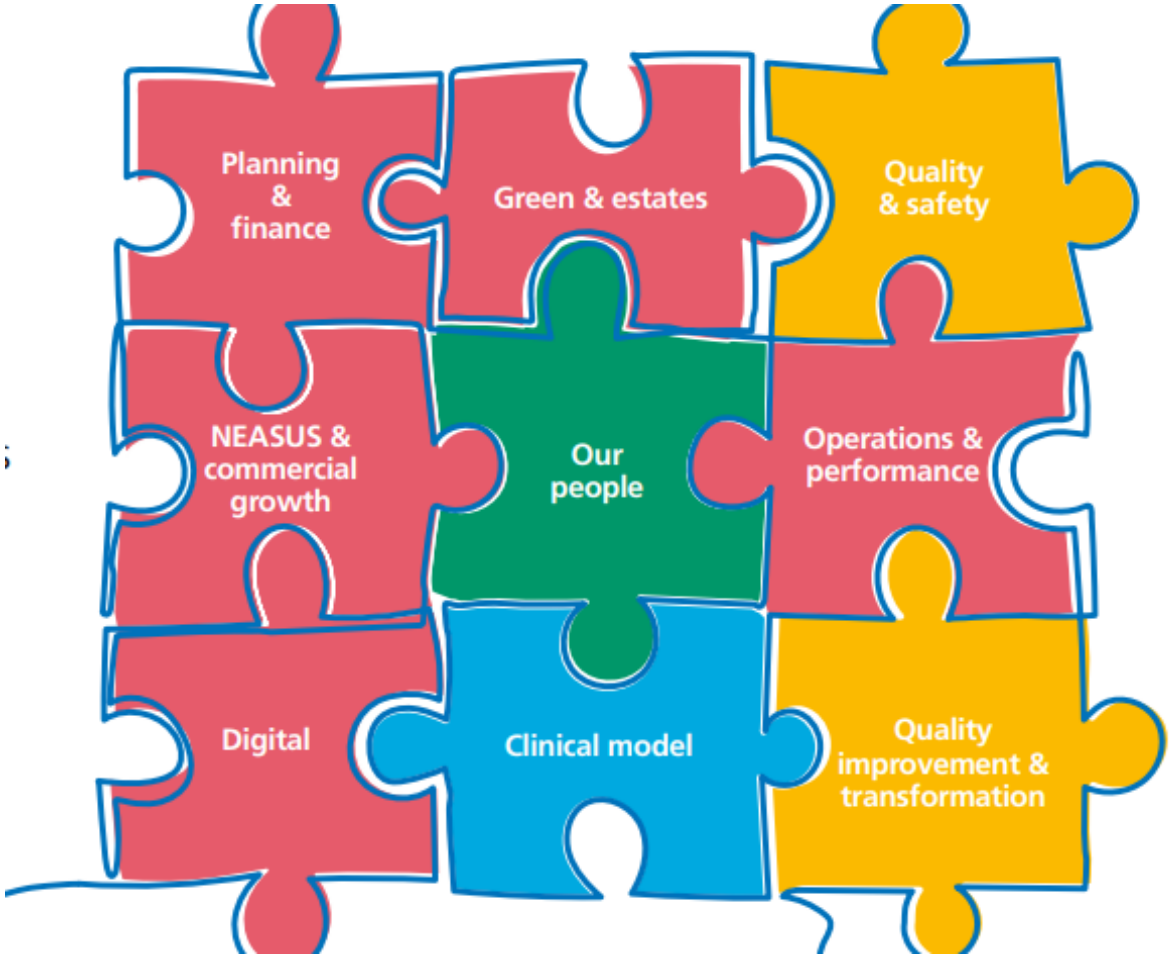



C
Compassion
A
Accountable &
Responsible
E
Excellence &
innovation
R
Respect
PROUD TO MAKE A DIFFERENCE
Our
Patients
OUR VALUES

# NEAS nine plans

Planning & finance
Sustainability & estates
Quality & safety
NEASUS
Our people
Operations & performance
Digital
Clinical model
Quality improvement & transformation





# Work continues to address staff assaults




NHS
North East Ambulance Service
NHS Foundation Trust

# Questions



NHS
North East Ambulance Service
NHS Foundation Trust

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# Adult Learning Disability Respite update:

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

- **2018/19:** CCG review and consultation resulting in Secretary of State involvement and an independent review panel (IRP) report 2019.
- **January 2020:** CQC inspection resulting in a 'must do' action relating to compliance with the Mixed Sex Accommodation (MSA) regulation
- **March 2020– Sept 2021: I**ntermittent service offered across the two units (11 to 6 beds respite) due to the pandemic, staffing and IPC constraints. Families were offered the option to optimise the number of nights they received through using the two units differently (ie: one male, one for female or one for complex needs and one challenging behaviour). The majority of families opted to keep things the same.
- **Current state:** both units continue to offer a service at reduced capacity that enables both IPC and the MSA regulations are met. Workforce challenges continue in line with all other health and social care provision.
- **Future state:** The initial set of architect plans have been received exploring 4 options; remodel existing building, new build and use of two other TEWV estates. Option appraisal completed in respect of benefits with the exception of 'Achievability' as this required expert technical input. Work started to identify the staffing models associated with each option with a view to have these costed
- **Timescale:** Options paper developed by the project group to be presented April 2022 for approval
- **Family Carers:** Representatives sit on the project group and involved in developing the above options appraisal. Families are in the process of being invited to review the options discussed above to increase their number of nights whilst we go through the options appraisal for a more sustainable service.

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