

Thursday, 12 March 2026

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 12 March 2026 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

PRESENT Councillors C Cawley, S Crane, J Coulson, L Hall, J Kabuye, M Besford, A Roy, M Layton and D Jackson.

OFFICIALS C Breheny, C Jones, T Gilchrist, L McCrindle, S McKenna, C Morton, Raine, J Todd, G Woods, J Young and G Jones.

APOLOGIES FOR ABSENCE

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

38 **DECLARATIONS OF INTEREST**

The following declarations of interest (non-pecuniary) were raised: -

- Item 6 and Item 7 – Councillor J Kabuye is undertaking a PhD in public health focusing on mental health.

It was **RECOMMENDED** that the Committee note these declarations.

39 **APPOINTMENT OF VICE CHAIR 2025/26**

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

Councillor Kabuye was nominated by Councillor Layton, seconded by Councillor Besford.

Councillor Jackson was nominated by Councillor Jackson, seconded by Councillor Coulsen.

RESOLVED that Councillor Kabuye be elected as Vice-Chair of the Tees Valley Joint Health Scrutiny Committee for the remainder of 2025/26.

40 **MINUTES OF THE MEETING HELD ON 11 DECEMBER 2025**

The minutes of the meeting held on 11 December 2025 were considered.

RESOLVED that the minutes be approved as a correct record, subject to

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an amendment to include Councillor Besford's apologies.

41 **NORTH EAST AMBULANCE SERVICE (NEAS) NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2025/26**

The Committee received a detailed presentation from representatives of the North East Ambulance Service (NEAS) NHS Foundation Trust, including the Deputy Director of Quality and Safety, outlining performance against the Trust's Quality Account priorities for 2025/26 and emerging priorities for 2026/27.

In introducing the report, it was highlighted that NEAS had experienced a year of significant operational pressure, managing approximately one million calls across the region, whilst maintaining its position as one of the highest performing ambulance Trusts nationally. The Committee was advised that alongside performance, a strong emphasis continued to be placed on quality, safety and learning, particularly in ensuring that improvements were sustainable and patient-focused.

Members heard that the Trust had embedded a mature patient safety culture, evidenced by sustained high levels of incident reporting. Whilst approximately 2.7 per cent of calls resulted in recorded patient safety incidents, the majority were categorised as low or no harm. It was emphasised that this reflected a positive organisational culture, where staff were encouraged to report concerns and near misses, enabling the Trust to learn proactively and prevent more serious incidents from occurring.

The Committee also noted the Trust's strong performance in relation to patient experience, with complaints remaining consistently low at around 0.2 per cent of total activity. In contrast, levels of positive feedback and appreciations significantly exceeded complaints. It was advised that patient satisfaction across most service areas was in excess of 90 per cent, with the exception of the NHS 111 service, which had lower satisfaction levels but was subject to targeted investment and workforce expansion to improve responsiveness.

Particular attention was drawn to the Trust's quality priority relating to cardiac arrest and resuscitation outcomes, which had been a major focus throughout the year. Members were informed that this work had delivered measurable improvements, including an increase in 30-day survival rates and overall patient outcomes. The Trust was noted to already perform strongly in this area nationally, and further gains demonstrated a continued commitment to clinical excellence. Members were advised that although this would not remain a standalone priority in the forthcoming year, it would continue to be monitored closely through clinical audit processes to ensure progress was sustained.

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A further key area of focus had been workforce development and staff wellbeing. Members heard that significant improvements had been made in clinical supervision arrangements, career pathways, and staff engagement. It was advised that the introduction of a clinical career framework and enhanced support structures had resulted in improved staff survey outcomes, with employees reporting that they felt more supported, valued, and invested in. The importance of supporting staff following traumatic incidents was also emphasised, alongside ongoing work to reduce stigma associated with mental health and to promote staff wellbeing initiatives.

Members also received an update on the work undertaken to improve communication and inclusivity, particularly for patients with learning disabilities. It was highlighted that NEAS had developed its own bespoke training package tailored specifically to ambulance services, which had received national recognition. This work had contributed to improved patient experience and more effective communication with vulnerable groups, although further work was planned to expand patient involvement mechanisms, including the establishment of a Patient Experience Panel.

During discussion, Members welcomed the positive performance outlined within the report and commended the Trust for its achievements in both clinical outcomes and organisational culture. Specific praise was given to the development of career pathways and the use of patient stories at Board level to inform service improvement. However, Members also raised a number of areas for further consideration. These included:

- The availability and accessibility of complaints mechanisms, particularly for individuals who may not be able to access digital platforms;
- The need to ensure that digital exclusion did not act as a barrier to feedback or service access;
- The importance of benchmarking performance against comparable organisations to provide broader assurance; and
- The continued need to prioritise staff mental health and wellbeing, ensuring that support mechanisms were consistently applied across all operational levels.

In response, Members were assured that multiple routes were available for patients to provide feedback, including through staff on scene, and that work continued to enhance accessibility. It was also acknowledged that benchmarking remained complex due to variations between ambulance services, though national learning networks were being utilised to improve comparative understanding.

In concluding the item, the Chair thanked representatives for a comprehensive and transparent presentation, recognising both the scale of demand faced by the service and the progress made in improving quality and safety.

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RESOLVED that:

1. The update on the NEAS Quality Account 2025/26 be noted;
2. Members' comments be taken into account in finalising the Quality Account; and
3. A draft Statement of Assurance be prepared on behalf of the Committee and circulated for approval, with final sign-off delegated to the Chair and Vice-Chair.

42 **TEES ESK AND WEAR VALLEY (TEWV) NHS FOUNDATION TRUST
URGENT CARE MENTAL HEALTH CRISIS UPDATE**

The Committee received a detailed update from the Director of Operations and Transformation and the General Manager for Adult Mental Health Urgent Care at Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust on the delivery and performance of crisis mental health services across the Tees Valley.

In introducing the report, the Director outlined the significant transformation that had taken place since the introduction of the 24/7 single point of access via NHS 111 (option 2) in April 2024. This model, supported by a dedicated mental health screening team, had been designed to improve the timeliness and quality of responses to individuals experiencing mental health crises. Members were advised that this approach had represented a deliberate deviation from some national models, enabling a more clinically informed triage process at the earliest point of contact.

Performance data presented to Members demonstrated substantial improvements across key indicators. Members noted that call answer rates had increased significantly since implementation, with the service now achieving rates in excess of 95 per cent, compared to a national average considerably below this level. Abandonment rates were reported to be significantly lower than national figures, where approximately 27 per cent of calls were not answered, demonstrating the relative effectiveness of the local model.

In addition, the Trust reported strong performance in relation to responsiveness, including a high proportion of calls answered within target times and a national ranking of 7th out of 54 providers for call answering performance. Members were advised that, while performance against some internal aspirational targets remained slightly below the desired level, the Trust's position compared favourably against national benchmarks, and continuous improvement was being driven through workforce and service redesign.

Members also noted sustained improvements in triage and assessment

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processes, including increased rates of calls being answered by trained mental health professionals within seven minutes. It was advised that where an immediate response could not be achieved, robust callback systems were in place, with assurances provided that all patients received follow-up contact and appropriate clinical oversight.

With regard to clinical outcomes, Members were informed that the Trust was performing strongly against national standards for urgent and very urgent referrals. Data indicated that over 98 per cent of urgent referrals were seen within 24 hours, placing the Trust among the highest performing organisations nationally.

The Director further outlined developments in crisis pathway provision, including the continued success of crisis assessment suites, particularly in Middlesbrough, which had been operational for over a decade. These facilities were reported to manage a significant volume of self-presenting patients, alongside referrals from partner agencies such as the Police. Members noted that partnership working had been recognised through national awards, reflecting the effectiveness of multi-agency collaboration in preventing escalation and supporting patient safety.

The Committee also heard about ongoing work to expand capacity and develop community-based alternatives to hospital admission, including proposals for additional mental health crisis beds and enhanced neighbourhood-based models of care. These developments were framed within broader system changes, including the planned rollout of 24/7 neighbourhood mental health centres, which aim to integrate statutory and voluntary sector provision.

During the ensuing discussion, Members welcomed the clear evidence of improvement in crisis response performance and acknowledged that the update addressed many previously raised concerns regarding NHS 111 mental health provision. However, a number of important issues were highlighted for further consideration.

Members emphasised the need for greater transparency in reporting, particularly in relation to:

- The proportion of patients not receiving an initial response within seven minutes;
- The role and effectiveness of callback arrangements; and
- The inclusion of these measures within routine performance reporting.

In addition, Members raised concerns regarding data gaps and inequalities, specifically noting the absence of data relating to ethnicity and access for minority groups. The importance of understanding differential access and outcomes across diverse communities was

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strongly emphasised.

A significant area of discussion related to the role of community and voluntary sector provision, including wellbeing hubs and drop-in services. Members expressed concern that current reporting did not fully capture activity within these services, particularly in Stockton, and therefore did not provide a complete picture of demand across the system. Members requested further information on the scale, impact and outcomes associated with such services, and specifically asked that data relating to walk-in presentations and community engagement be provided to the Committee.

Members also explored issues relating to system capacity and demand, noting the high volume of referrals and the continuing increase in individuals seeking support. Concerns were raised regarding the sustainability of current arrangements and the need to ensure that all individuals entering the system received appropriate and timely care, without being repeatedly redirected between services.

In response, the Director acknowledged the challenges associated with demand and workforce capacity, confirming that ongoing work was being undertaken to align staffing levels with peak demand periods and to develop new models of care. It was also noted that some community-based services were commissioned externally, which had implications for data availability and reporting.

In concluding the item, the Chair thanked TEWV representatives for a comprehensive and informative presentation, noting the significant progress made whilst also recognising the continued complexity of delivering mental health crisis services within a pressured system.

RESOLVED that:

1. The update on urgent care mental health crisis services be noted; and
2. Further information be provided to the Committee on community mental health provision, including walk-in activity, wellbeing hubs and associated demand and outcomes.

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TEES ESK AND WEAR VALLEY (TEWV) NHS FOUNDATION TRUST - QUALITY ACCOUNT FOR 2025/26

The Committee received a comprehensive presentation from representatives of Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust regarding the development of the Trust's Quality Account for 2025/26 and the emerging priorities for 2026/27.

In introducing the report, the statutory requirement for NHS Trusts to

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produce an annual Quality Account, setting out performance against key quality domains of patient experience, patient safety and clinical effectiveness, alongside priorities for improvement in the forthcoming year were outlined. Members were advised that the Trust was in the process of finalising its Quality Account, with stakeholder consultation scheduled prior to publication by the end of June 2026.

A central theme of the presentation was the Trust's continued commitment to co-production, with quality priorities developed in partnership with individuals with lived experience, carers and wider stakeholders. Members noted that this approach aimed to ensure that service improvement was grounded in real experiences and reflective of the needs of those accessing services.

The Committee was advised that the Trust's three overarching quality priorities remained as:

1. Improving patient experience through education and the use of lived experience;
2. Enhancing patient safety through a focus on relapse prevention; and
3. Strengthening clinical effectiveness through personalised approaches to urgent care.

In relation to patient experience, Members heard about work to embed lived experience within training, governance and decision-making processes. This included the development of co-creation frameworks, strengthened partnerships with external organisations, and initiatives to improve carer involvement. It was also acknowledged that, whilst significant activity was underway, work to ensure consistent strategic oversight and meaningful engagement of carers remained at an early stage.

The Committee was informed that, in respect of patient safety, the Trust had focused on relapse prevention and the development of personalised safety and wellbeing plans. Progress had been made in embedding new policies and training, supported by the Quality Assurance and Improvement Programme. However, Members were advised that further work was required to ensure consistency in practice, particularly in relation to post-discharge support and meaningful carer involvement.

With regard to clinical effectiveness, the presentation highlighted the implementation of the "My Story Once" approach, designed to reduce the need for patients to repeatedly recount their experiences when accessing different services. This work was supported by improvements in information sharing, digital systems, and workforce training, alongside the development of Trust-wide guidance promoting a "One Person, One Assessment" model of care.

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Across all three priority areas, assurance was currently rated as “reasonable”, with clear evidence of progress but recognition that further work was required to demonstrate consistent impact and sustainability.

During discussion, Members welcomed the co-production approach and acknowledged the importance of embedding lived experience in shaping services. Members commended the increased focus on personalisation and improved information sharing, recognising these as critical to enhancing patient experience.

However, Members also raised a number of significant concerns and challenges. These included:

- The increasing demand for children and young people’s mental health services, including rising rates of distress and suicide;
- Long waiting times for neurodevelopmental assessments and CAMHS services, and the impact of delays on families;
- A perceived lack of communication and ongoing support for individuals awaiting assessment or treatment; and
- The need for stronger engagement with schools and community settings to support early intervention and prevention.

Members emphasised the importance of ensuring that children and young people had accessible routes to support and highlighted the value of early engagement and education in preventing escalation of need.

Further discussion explored issues relating to equality, diversity and inclusion, with Members seeking assurance regarding cultural competence and the Trust’s ability to meet the needs of diverse populations. It was acknowledged that this remained an area for development and the Director outlined ongoing work to improve understanding of inequalities, including initiatives aimed at becoming an anti-racist organisation and enhancing staff training.

Members also considered the challenges associated with data sharing and multi-agency working, noting the complexity of delivering truly integrated care across organisational boundaries. Whilst recognising existing partnership working, Members stressed the importance of continued progress towards a more unified and accessible system for both patients and professionals.

In response, the concerns raised were acknowledged, particularly in relation to waiting times and communication. It was noted that these challenges reflected wider national pressures and increasing demand. It was confirmed that work was ongoing to reshape pathways, improve communication, and strengthen partnership working, although resource constraints remained a significant limiting factor.

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In concluding the discussion, the Chair thanked representatives for a comprehensive and candid presentation, recognising both the progress made and the challenges that remained.

RESOLVED that:

1. The update on the TEWV Quality Account 2025/26 be noted;
2. Members' comments be taken into account in finalising the Quality Account; and
3. A draft Statement of Assurance be prepared on behalf of the Committee and circulated for approval, with final sign-off delegated to the Chair and Vice-Chair.

44 **WORK PROGRAMME 2025/26**

Members reviewed the items scheduled within the current programme and those identified for future consideration during the 2026/27 municipal year. In doing so, the Committee recognised the breadth and complexity of issues within the health system, and the importance of prioritising those matters that presented the greatest impact on patient outcomes and service delivery.

In concluding the item, the Chair reiterated the importance of the Work Programme as a key mechanism for the Committee to discharge its scrutiny function effectively, ensuring transparency, accountability and continuous improvement across the health system.

RESOLVED that the Work Programme be noted.

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

The Chair raised a few additional areas of concern, most notably in relation to neonatal and maternity service provision across the Tees Valley.

The Senior Democratic Services Officer advised that correspondence had recently been received from NHS England in respect of changes to neonatal services. Members were informed that the date as to when new pathway changes would come into effect was yet to be confirmed, but it was anticipated that plans were due to be implemented during summer 2026.

It was noted that since January 2026 NHS England had established an implementation board to oversee the changes. Representatives from all neonatal service providers were currently developing more detailed mobilisation plans, and this work included ongoing patient engagement activity.

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In addition, a task and finish group had been established, which included patient representatives from across the region through a Parent Advisory Group as well as continuing work carried out by Care Co-ordinators from the Neonatal Network who have very close relationships with families. It was advised that as this work progressed across the region, there would be further opportunities for the involvement of families from the Tees Valley area, and this would be specific to focus on any impact for the local area.

The Senior Democratic Services Officer advised that NHS England commissioners had advised that additional information could be provided to Members, as the implementation plans progressed.

During discussion Members drew reference to patient pathways and those involving transfers between hospital sites, with concerns expressed regarding continuity of care, specialist expertise and the overall patient experience for families. Members emphasised that these issues were of significant public interest and fell squarely within the Committee's remit for scrutiny.

Members agreed that the Committee had an important role in ensuring that significant service developments or potential risks were subject to appropriate oversight, particularly where changes could affect patient safety, accessibility or service quality. There was a shared view that future work programming should continue to reflect both locally raised concerns and strategic system priorities, ensuring that the Committee remained proactive in its scrutiny role.

The importance of engaging with partner organisations, including Trusts, Integrated Care Boards and local authorities, was also highlighted, with Members noting that collaborative working was essential to gaining a comprehensive understanding of system pressures and performance.

In response to Members' comments, it was confirmed that the issues raised would be included within the forward Work Programme, with further scoping undertaken where necessary to determine the most appropriate approach to scrutiny. It was also noted that opportunities remained for additional briefings or reports to be scheduled, either at Committee level or through informal Member development sessions, should emerging issues require more immediate consideration.

RESOLVED that an invite be extended to NHS England commissioners to attend a meeting of the TVJHSC to discuss the proposed changes regarding Neonatal Critical Care pathways across the North East and North Cumbria.