Stockton-on-Tees BOROUGH COUNCIL
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Adult Social Care and Health Select Committee

Agenda

Date: Tuesday 18 July 2023 at 4.00 pm

Venue: Jim Cooke Conference Suite, Stockton Central Library, Church Road, Stockton-on-Tees TS18 1TU

Cllr Marc Besford (Chair)
Cllr Nathan Gale (Vice-Chair)

Cllr Carol Clark
Cllr Kevin Faulks
Cllr Vanessa Sewell
Cllr Paul Weston
Cllr John Coulson
Cllr Susan Scott
Cllr Emily Tate

AGENDA

1	**Evacuation Procedure**	(Pages 7 - 8)
2	**Apologies for Absence**	
3	**Declarations of Interest**	
4	**Minutes** To approve the minutes of the last meeting held on 21 March 2023	(Pages 9 - 20)
5	**Overview Report 2023** To consider the Adults, Health and Wellbeing overview report.	(Pages 21 - 30)
6	**CQC / PAMMS Inspection Results - Quarterly Summary (Q4 2022-2023)**	(Pages 31 - 98)
7	**Regional Health Scrutiny Update**	(Pages 99 - 156)
8	**Minutes of the Health and Wellbeing Board**	(Pages 157 - 164)
9	**Chair's Update and Select Committee Work Programme 2023-2024**	(Pages 165 - 166)

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Adult Social Care and Health Select Committee

Agenda

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Contact: Scrutiny Support Officer, Rachel Harrison on email rachel.harrison@stockton.gov.uk

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KEY - Declarable interests are:-

- Disclosable Pecuniary Interests (DPI's)
- Other Registerable Interests (ORI's)
- Non Registerable Interests (NRI's)

Members – Declaration of Interest Guidance

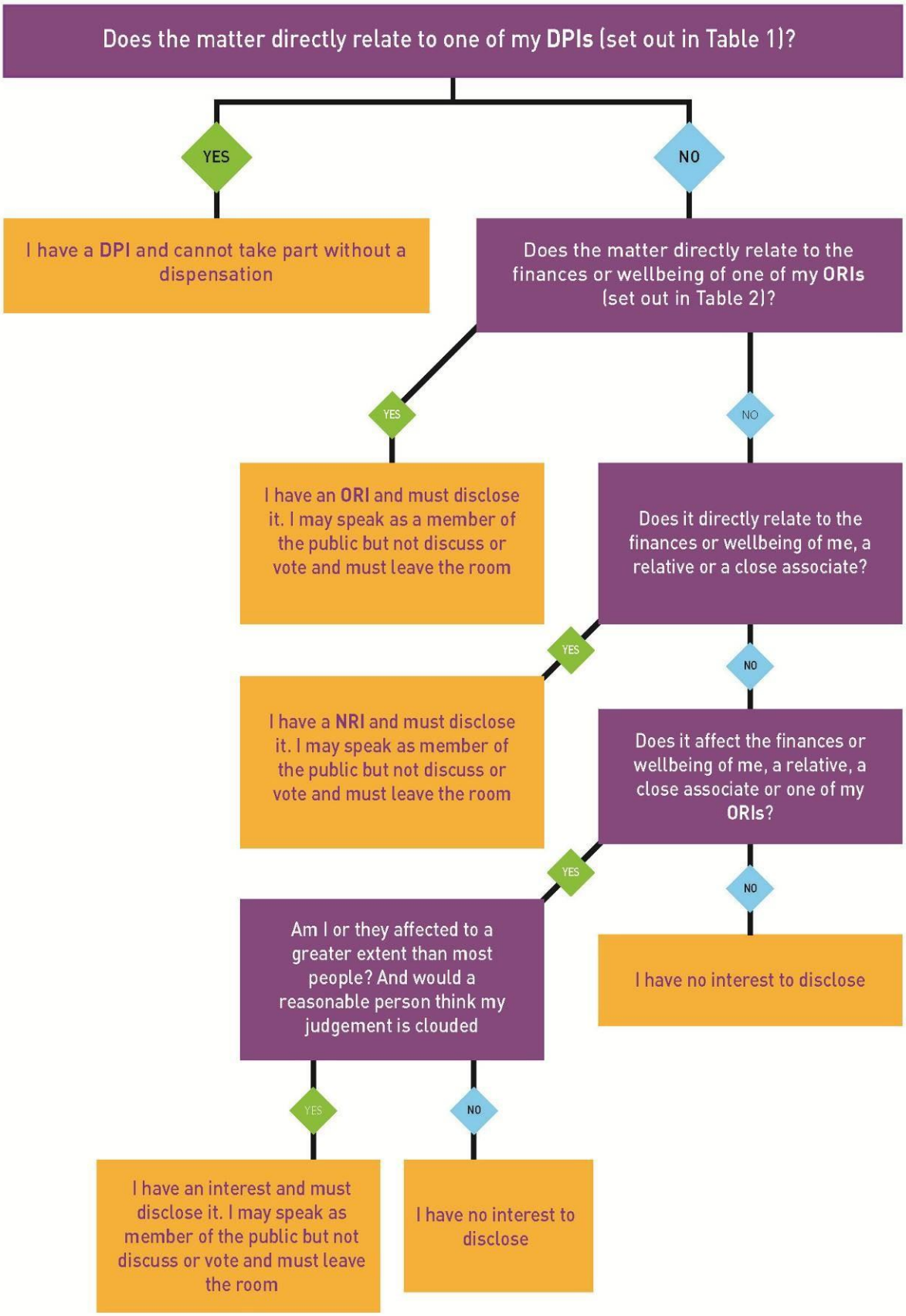

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Table 1 - Disclosable Pecuniary Interests

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and property	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
Corporate tenancies	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners have a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

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Table 2 – Other Registerable Interest

You must register as an Other Registrable Interest:

a) any unpaid directorships

b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority

c) any body

(i) exercising functions of a public nature

(ii) directed to charitable purposes or

(iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management

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Jim Cooke Conference Suite, Stockton Central Library
Evacuation Procedure & Housekeeping

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If the Fire Alarm rings exit through the nearest available emergency exit and form up in Municipal Buildings Car Park.

The assembly point for everyone if the Bomb alarm is sounded is the car park at the rear of Splash on Church Road.

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The Toilets are located on the Ground floor corridor of Municipal Buildings next to the emergency exit. Both the ladies and gents toilets are located on the right hand side.

Microphones

During the meeting, members of the Committee, and officers in attendance, will have access to a microphone. Please use the microphones, when directed to speak by the Chair, to ensure you are heard by the Committee.

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Agenda Item 4

Adult Social Care and Health Select Committee

A meeting of the Adult Social Care and Health Select Committee was held on Tuesday 21 March 2023.

Present: Cllr Evaline Cunningham (Chair), Cllr Clare Gamble (Vice-Chair), Cllr Lynn Hall, Cllr Mohammed Javed, Cllr Steve Matthews JP

Officers: Rob Papworth (A&H); Gary Woods (CS)

Also in attendance: Fiona McEvoy, Keith Wheldon (North Tees and Hartlepool NHS Foundation Trust)

Apologies: Cllr Jacky Bright, Cllr Ray Godwin, Cllr Paul Weston

1	**Evacuation Procedure** The evacuation procedure was noted.
2	**Declarations of Interest** There were no interests declared.
3	**Minutes – 21 February 2023** Consideration was given to the minutes from the Committee meeting held on 21 February 2023. AGREED that the minutes of the meeting on 21 February 2023 be approved as a correct record and signed by the Chair.
4	**North Tees and Hartlepool NHS Foundation Trust – Quality Accounts 2022-2023** Representatives of North Tees and Hartlepool NHS Foundation Trust (NTHFT) were in attendance to provide their annual presentation to the Committee on the Trust's Quality Account. Led by the Head of Performance and Business Intelligence and supported by the Associate Director of Nursing, Effectiveness and Clinical Standards, highlights and developments in relation to the Trust's performance over the course of 2022-2023 were outlined as follows: • Quality Account Priorities: Members were reminded of the three key NHS priorities regarding quality, namely 'Patient Safety', 'Effectiveness of Care', and 'Patient Experience'. Within these three main categories, NTHFT had several further Quality Account priorities for 2022-2023 (most had rolled over during the last few years), all of which would be detailed in the final published document. These included: *Patient Safety* • Mortality: Compared to the same timescale for 2020-2021 (December to November), the 2021-2022 measure for in-hospital mortalities (Hospital

Standardised Mortality Ratio (HSMR)) had increased. However, in-hospital deaths plus those up to 30 days post-acute Trust discharge (Summary level Hospital Mortality Indicator (SHMI)) had slightly decreased in 2021-2022 compared to 2020-2021 (reporting period: September to August). The Committee was reminded that COVID-19 activity was not included in the SHMI measure as pandemics were classed as anomalies and would skew the data due to a lack of historical comparison.

As had been reported for a number of years now, NTHFT once again performed very well in comparison to other Trusts across the region, and the country, in terms of HSMR and SHMI. Historically, this was not always the case, though the underlying reasons for previously higher rates was principally due to not capturing how poorly patients were – this resulted in significant changes in how the Trust operated (including strengthening documentation and embracing technology).

The Trust's raw mortality (people dying in hospital – includes COVID deaths) data continued to be fairly consistent, though the COVID-impacted spikes in April 2020 (initial emergence) and December 2020 / January 2021 were acknowledged.

Reflecting on the HSMR and SHMI indicator charts for the region, the Committee noted the differences between NTHFT and South Tees Hospitals NHS Foundation Trust (STHFT). As was often the case within the NHS, the two Trusts did not share many compatible platforms, though did work together to try to join-up systems where possible and appropriate. Officers also confirmed that mortality indicators could be broken down further (i.e. rates for different age groups) if required.

- Dementia: The increasing trend in patients admitted with a dementia / delirium diagnosis was being maintained, with a slight rise in 2022-2023 (April to December 2022) cases compared to the same period in 2021-2022. As well as the inpatient care given to those with these conditions, the NTHFT Frailty Team also provided support to people in their own home and helped prevent admission to hospital. The Trust's excellent discharge team also plays a significant role in supporting those with dementia / delirium, and the NTHFT pathway for identifying and recording this condition remained robust.

In light of the rising number of dementia / delirium cases being seen by NTHFT, the Committee asked if the Trust felt equipped with the required resources to manage this increasing demand. Officers outlined the use of enhanced care workers to ensure patients were assisted individually, the development of staff skills for those who work on wards with higher levels of dementia / delirium patients, and the community care it provides (unless more specialised support was required in a nursing home).

Following-up on this, Members asked if the temporary lockdown of care homes as a result of the COVID-19 pandemic had impacted upon the ability to support those with dementia. In response, NTHFT highlighted the links with local partners and care home providers, as well as the work to make people feel

supported whether they be in hospital, in care, or at home.

With reference to a recent update in relation to a previous Committee review of Care Homes for Older People, Members drew attention to challenges regarding Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and their ability to support Stockton-on-Tees Borough Council (SBC) with dementia training due to staffing limitations. NTHFT noted their own Dementia Specialist Nurse who is used to supplement the additional support provided by TEWV, and the multi-disciplinary team (MDT) work around dementia which establishes what actions are already in place for a patient with this condition. The NTHFT-TEWV partnership had worked very well and was making a difference, with relatives reporting that they really value this multi-Trust approach.

- Infection Control – C diff: Positive performance for the two *Clostridium difficile (C Difficile)* measures, one which involves cases that are detected in the hospital two or more days after admission (Hospital onset healthcare associated (HOHA)), and the other which refers to cases that occur in the community, or within two days of admission, when the patient has been an inpatient in the Trust reporting the case in the previous four weeks (Community onset healthcare associated (COHA)) – both saw reductions for 2022-2023 when compared to the same period (April to January) in 2021-2022, and were also below the national average. Further context around these indicators would be available in the Trust's draft Quality Account document which would be circulated in the coming weeks.

- Infection Control: All-but-one of the recorded infection types had seen increases in the number of cases for 2022-2023 compared to the same period (April to January) for 2021-2022. *Methicillin-Sensitive Staphylococcus Aureus (MSSA)* (from 20 to 33 (up 65%)) and *Klebsiella species (Kleb sp) bacteraemia* (from 14 to 22 (up 57%)) had the most significant rises, with *Escherichia coli (E.coli)* cases increasing from 61 to 70 (up 15%). On a more positive note, catheter-associated urinary tract infections (CAUTI) had reduced by 21% (from 227 to 180).

  NTHFT representatives stated that all Trusts across the region were experiencing increases in healthcare-associated infections, though NTHFT continued to perform well in comparison to others, and a forthcoming campaign regarding hand hygiene would hopefully further contribute to minimising future cases. The rise in people requiring complex surgery, on antibiotics, and / or higher levels of patient acuity meant that individuals could be picking-up infections more easily.

In response to a Member query, it was confirmed that NTHFT did have a Urologist (who worked in partnership with STHFT) and daytime urology cover was in place. The Trust had also invested in Advanced Practitioners who had been in post for a couple of years now.

- COVID-19 Infections: The number of COVID-19-positive patients in NTHFT hospitals had declined in the past year – in mid-January 2022, this figure stood at 121, then dropped into the 80s in April and July 2022, before lowering further to 30 at the end of January 2023 (as of this meeting, the

total was 17). Treatment of patients with COVID-19 in the Intensive Therapy Unit (ITU) was now rare, and identification of the virus had usually become an incidental find as testing was no longer routine.

Members reflected on their own personal experience of receiving high quality care from NTHFT when being treated for COVID-19 and spoke of their continuing efforts to encourage the BAME community to get vaccinated. The Committee also reiterated its wish to learn more about the Trust's long-COVID clinic (a request made during the presentation on the previous year's Quality Account in March 2022) – NTHFT representatives agreed to liaise with colleagues and forward information.

- 2022-2023 Flu Cases: New graphic to emphasise the pressures experienced by NTHFT regarding flu towards the end of 2022 and start of 2023. 27 December 2022 was the day with the highest number of flu admissions (37) – on the following day (28 December 2022), nine patients were being treated in ITU with flu. This was a tough period for the Trust, though the higher-than-usual number of cases during this time may have been as a result of increased testing.

The Committee asked if the Trust linked-in with GPs regarding flu prevalence but heard that it only became aware of a case once a patient came through a NTHFT entry-point. Members were also keen to know about the Trust's experience of Strep A, a condition which gained national media coverage in late-2022 / early-2023. It was stated that Strep A data did not have to be submitted as part of nationally returned statistics and that it was usual to get some cases during the year. Advice was provided where appropriate.

Effectiveness of Care

- Emergency Activity: Not normally included in this presentation, but incorporated on this occasion to highlight the significant increase (as at December 2022, and as predicted ahead of the end of the 2022-2023 municipal year) in emergency activity experienced by NTHFT. Overall, attendances to A&E and Urgent Care were up 45% when comparing December 2022 with December 2021.

In light of these increased pressures, the Committee expressed concern about the unabating stress on staff and queried if NTHFT had bolstered its resources in this service area. Trust representatives assured Members that a winter plan was always prepared and actioned, with extra beds made available for the anticipated rise in demand. Extra staffing support also formed part of the plan, and expert practitioners further assisted emergency teams. In summary, the Trust managed this activity well, though attendance and admissions could sometimes become overwhelming.

Reference was made to a recent presentation by the North East Ambulance Service NHS Foundation Trust (NEAS) to the Tees Valley Joint Health Scrutiny Committee which showed NTHFT in a positive light compared to nearby Trusts in relation to ambulance waits. Officers stated that ambulance data can be validated differently by other Trusts, and that it was NTHFTs aspiration to have

zero 60-minute+ waits, something which was aided by the different entry-points to the University Hospital of North Tees (not just A&E) which other hospitals do not have.

A by-product of being a strong performer in terms of lower ambulance waits was that the Trust were sent patients from other hospitals where waits were generally higher – indeed, NTHFT received 144 diverts / deflections in December 2022 alone. Once within a NTHFT site, the treatment of a patient depended on their presentation, and an individual could be transferred to another hospital (e.g. James Cook University Hospital, Middlesbrough) if a particular procedure was required. The Trust works with STHFT regarding the transfer of patients but acknowledged there can be delays in some cases.

- Accessibility: Several developments and improvements during 2022-2023 were outlined, including best practice training for when staff work with an interpreter, the introduction of Accessibility Champions, a refresh of the Terms of Reference for the Accessibility Meeting, the completion of a Disability Discrimination Act (DDA) access audit on the Trust's hospital sites, and the initiation of a Patient, Public and People with Lived Experience (PPPLE) Steering Group to refresh the Trust's approach to engagement. NTHFT was also reviewing its complaint process to ensure equal access when raising a concern, complaint or providing feedback – this would provide greater assurance to patients, their families / carers, and Elected Members.

In addition to the elements listed, the Committee heard of improvements to the access points for the lung-health service. Whilst this was welcomed, Members drew attention to reported issues regarding disabled parking bays and signage for those arriving to use this department (though it was noted that dedicated parking spaces for the service were already provided).

- Violent Incidents: Aside from significant dips in July 2022 and August 2022, recorded monthly violent incidents during 2022-2023 were broadly similar to the same period (April to January) for 2021-2022. Abuse of staff by patients continued to account for the large majority of incidents (88%).

  Drilling-down into specific types of violent incident, most categories had seen a decline in 2022-2023 compared to the previous financial year, some significantly (i.e. concerns to do with personal safety; disruptive / aggressive behaviour – other; need for use of control and restraint with patient). Less welcome was the nearly 20% rise in verbal abuse or disruption incidents. Whilst it was encouraging to see an overall decrease in recorded cases, figures were still higher than desired, with many incidents not reported due to the Trust managing often challenging situations to the extent that it is no longer considered appropriate to record them. Assurance was given that staff were supported in relation to dealing with such conduct from patients and visitors, and the police were called to assist where required.

Members repeated past frustrations that too many people still think it appropriate to direct aggression towards hospital staff, and queried if most of these incidents occurred in A&E. NTHFT noted that A&E does have to deal

with individuals who have been / are under the influence of alcohol and / or drugs, and that this can inevitably contribute to a person acting in a particular manner, though some patients will be challenging due to their underlying condition (e.g. dementia). Again, the Trust was grateful for the support of TEWV colleagues for their role in supporting staff who face such behaviour.

Patient Experience

- Friends and Family Test (FFT): NTHFT continues to see a high proportion of positive FFT feedback (via both text and paper-based routes), with again over 90% of the 16,504 responses during the April 2022 to January 2023 period rating it either 'very good' or 'good'. Those completing the FFT are but a fraction of the total number of contacts experienced by the Trust, but the introduction of a text-based option had improved response rates (particularly for emergency care and outpatients). FFT data is processed weekly to allow for the prompt identification of issues, and any actionable comments are relayed to the relevant service for follow-up (including positive feedback which is, importantly, shared with staff).

- Complaints: The recent trend for an increasing number of 'Stage 1 – Informal' complaints continued in 2022-2023 (April to January), though, as reported during last year's Quality Account presentation, this was not necessarily a worrying sign as resolving issues quickly and avoiding the need for them to be escalated was seen as a positive. This was further reflected in the number of complaints requiring a 'Stage 3 – Formal Response Letter' (82) which had again declined when compared to both 2021-2022 (85) and, more significantly, to 2020-2021 (111). The overall increase in the number of complaints received by NTHFT (1,311) in 2022-2023 compared to the same period (April to January) in 2021-2022 (1,158) and 2020-2021 (951) could possibly be attributed to the restrictions on visiting caused by the COVID-19 pandemic and, more recently, industrial action which led to the cancellation of treatment (though it was noted that the Trust was progressing well on elective procedures). Managing public expectations in light of these developments had been challenging.

  In terms of complaint type, for the second year running, 'attitude of staff' (122) topped the list for 2022-2023 (April to January), ahead of 'length of time to be given appointment' (108), and 'treatment and procedure delays' (103). It was felt that the perception of staff attitudes could be quite subjective depending on the circumstance in question, and the Trust managed cases by ensuring it liaised fully with services and their staff.

With reference to the recent strikes by NHS employees, and widely reported challenges around recruitment and retention, the Committee asked how NTHFT was ensuring it had, and maintained, a robust workforce. Trust representatives spoke of several strands of staff recruitment and development, including nursing personnel (student training, growing their own, international recruitment) and providing opportunities for staff to progress, though questions around junior doctor numbers would be better directed at the NTHFT Medical Director. Members added that education and training were clearly key.

- Compliments: NTHFT was pleased to report that the number of compliments it received had increased in 2022-2023 (3,766) compared to the same period (April to January) in 2021-2022 (3,503). When balanced against the number of complaints received, this gave an encouraging picture of the general level of satisfaction of the Trust's service provision.

The presentation concluded with details of the Quality Account timeline for 2022-2023, and Members were informed that the Trust's draft document would be circulated in late-April 2023. Given that the existing Committee membership would change as a result of the forthcoming local elections, it was agreed that the Committee's third-party statement for inclusion in the final NTHFT Quality Account document would therefore need to be prepared and agreed prior to the draft version being received.

The Committee thanked the NTHFT representatives in attendance for another comprehensive presentation which touched on numerous aspects of the Trust's overarching offer, much of which was positive despite the ongoing challenges faced by NHS providers. That said, Members expressed concern over the reported increases in collaborative working with STHFT and the fear that this was a potential move to the loss of local services which could be transferred to the James Cook University Hospital, Middlesbrough. The Committee was advised that getting the right care in the right place was the key driver behind joint-working with STHFT.

Probing the current state of cancer care, the Committee heard that cancer pathways, along with emergency surgery, had been the priority since the emergence of COVID-19, and that the ability to conduct purely elective procedures at the University Hospital of Hartlepool enabled space for these priorities to be addressed at other NTHFT sites. In related matters, it was also confirmed that the Urgent Care Centres in both Stockton and Hartlepool continued to work well and provided huge benefits to the Trust and, crucially, the local population.

Finally, with reference to concerns raised by the Care Quality Commission (CQC) following an inspection in 2022, as well as recently reported issues to Members around post-natal home-visits, Members proposed that maternity services be added to the list of the Trust's Quality Account priorities for 2023-2024. In response, NTHFT officers welcomed any new ideas for areas of future focus, though would need to consider the specifics of what needed to be assessed within maternity care, how it should be measured, and how this complemented existing data collection.

AGREED that:

1) The update on performance and development of the North Tees and Hartlepool NHS Foundation Trust Quality Account be noted, and the requests for further information be submitted by the Trust.

2) A statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Chair and Vice-Chair.

5	**Monitoring the Impact of Previously Agreed Recommendations – Hospital Discharge (Phase 2)** *Cllr Evaline Cunningham wished it to be recorded for transparency purposes only that she was a trustee of Eastern Ravens Trust.* Consideration was given to the assessment of progress on the implementation of the outstanding recommendations from the Scrutiny Review of Hospital Discharge (Phase 2 – discharge to an individual's own home). This was the third update following the Committee's agreement of the Action Plan in January 2022 and key developments were noted as follows: • Recommendation 2 (*Existing arrangements around the identification of carers when they themselves are admitted to hospital for treatment, as well as options for post-discharge support until they can resume their caring role, be reviewed by all relevant partners to ensure a joined-up approach*): Agreed actions for North Tees and Hartlepool NHS Foundation Trust (NTHFT) in relation to this recommendation were now deemed 'fully achieved', with electronic patient records (EPR) due to be implemented across all adult inpatient areas in spring 2023. The Trust had established collaborative working with Stockton-on-Tees Borough Council (SBC) and voluntary, community and social enterprise (VCSE) organisations to maintain arrangements for the identification of carers. • Recommendation 5 (*Local NHS Trusts / Healthwatch Stockton-on-Tees provide the Committee with any available discharge-specific feedback from patients / families / carers in relation to those discharged back to their own homes*): Despite several attempts to engage with Healthwatch Stockton-on-Tees, they had not provided an update on their agreed action. This element of the recommendation would therefore have to be assessed as 'not achieved'. The Committee expressed disappointment that Healthwatch Stockton-on-Tees had not undertaken work they had committed to as part of the collation of the post-review Action Plan, though did acknowledge the resource limitations the organisation were experiencing, and also understood that their evolving work programme may have impacted upon the intention to conduct the agreed audit on those patients discharged back to their own home. AGREED that the Hospital Discharge (Phase 2) progress update be noted, the assessments for progress be confirmed, and the Action Plan be signed-off as complete (no further updates required).
6	**Monitoring the Impact of Previously Agreed Recommendations – Day Opportunities for Adults** *Cllr Clare Gamble wished it to be recorded for transparency purposes only that she was an employee of Catalyst.* Consideration was given to the assessment of progress on the implementation of the recommendations from the Scrutiny Review of Day Opportunities for

Adults. This was the first update following the Committee's agreement of the Action Plan in June 2022 and, in addition to the information outlined in the written submission, key developments were noted and commented upon as follows:

- Recommendation 1 (*SBC and its relevant partners continue working with people accessing services and their families / carers to understand demand for both traditional building-based day service provision and community-based activities. This should include*:

  a) *The creation of co-production groups that can support the future development of day opportunities*: The arrangement of a co-production group for STEPs had followed a slightly different course due to the fact that more people tend to transition through this service than other day opportunity providers.

  c) *Considerations around preferences of those with particular needs (including potential for mixing between those with differing needs) and differing demographics (e.g. younger adults)*: Further to their involvement in contributing to the design of the updated specification of the service, some of the families and informal carers of people who access Ware Street will also be sitting on the tender panel. The expectation is that this will become normal practice in the future.

  d) *Continuing investigations into access to meaningful opportunities as part of a residential placement*: 35 different organisations were involved in the Activity Exhibition Showcase on 17 March 2023 at The Hub.

The Committee praised the developments around both the intergenerational Care Homes Games tournament that took place in November 2022 and the Care Homes Legends Games Event scheduled for 9 June 2023 – these innovative initiatives would have a positive impact for those individuals within a residential setting.

  f) *Changes to the existing budget for SBC in-house and commissioned services*: In addition to the financial monitoring work already undertaken, a new SBC Strategic Analyst was now in post to further understand historical activity and spend, and to support any review of potential future budget requirements.

- Recommendation 3 (*SBC Adults and Health and Children's Services directorates reinforce joint-working to identify and support opportunities that are most meaningful to younger people (including a reflection on any updated results from the Disabled Children's Team online survey), and strengthen the dissemination of information about existing services*):

The Committee welcomed the stated progress and noted positive feedback from local people in relation to improved service communications during the transition process (a time which can be very unsettling for the young people in question and their families / carers). With reference to the forthcoming 'Planning for Adulthood' event at Abbey Hill School later in March 2023,

Members requested feedback on this as part of the next update on progress that would be required at a future Committee meeting.

- Recommendation 4 (*SBC to follow-up with Catalyst regarding the views of the wider VCSE sector around future day opportunities involvement (e.g. promotion of / access to existing VCSE activity, potential funding streams, volunteering)*): The refreshed Stockton Information Directory (SID) would be rolled-out in June 2023 and was being promoted by the SBC Fairer Stockton Co-ordinators. The intended workshop to promote greater collaboration between day opportunity providers and the VCSE sector was now likely to take place in summer 2023 (not spring 2023 as stated).

Whilst accepting that the agreed action in relation to this recommendation was 'fully achieved', Members requested feedback from the stated monthly meetings between SBC and Catalyst as part of the next update on progress that would be required at a future Committee meeting.

- Recommendation 5 (*SBC and its relevant health, social care and VCSE partners share and work towards an agreed vision for day opportunities across the Borough through the most appropriate mechanism (existing or new)*):

The Committee considered that more evidence of the Borough's agreed day opportunities vision was required, therefore the assessment of progress for this recommendation would be amended to 'on-track'. Links to the local 'warm spaces' initiative were also noted by Members, something which some private establishments would be continuing into spring 2023 (further assisting the ongoing drive to address cases of loneliness).

- Recommendation 7 (*SBC ensures, as far as possible, that work experience undertaken by those individuals accessing day services is appropriately recognised*): Although the associated actions were deemed 'fully achieved', SBC officers intend to seek future feedback from individuals accessing day services in case their preference for having work experience recognised changes. Decisions on how profits from the Council's day opportunities enterprise activities were spent will also be monitored moving forward.

Regarding the production of a new newsletter to highlight the activities and achievements of individuals using the Community Day Options service, Members asked if it would be possible to include some commentary conveying the Committee's thanks to service-users and their families / carers for their contribution in shaping and strengthening the local offer.

- Recommendation 8 (*SBC strengthens links between existing day service providers through the creation of a new peer group to share good practice / resources (inc. volunteering opportunities as a gateway to employment)*): SBC was using its experience of strengthening relationships with local care homes to develop a similar network with Council-run and commissioned day opportunity providers. Members encouraged those within the peer group to enhance volunteering opportunities and provide a platform for people to demonstrate their skills and, potentially, gain future employment as a result.

	The Committee commended officers for a comprehensive update and for the considerable progress made in such a short space of time, developments which would have significant benefits for those accessing these services. Members asked the SBC Strategic Development Manager (Adults & Health) who had presented the update to convey their appreciation back to the other officers involved, in particular the outgoing SBC Transformation Manager (Day Opportunities) who had played such an important role both during and after the Committee's review. AGREED that the progress update be noted and assessments for progress be confirmed (subject to identified grading change).
7	**Minutes of the Health and Wellbeing Board** Consideration was given to the minutes of the Health and Wellbeing Board from the meetings in November 2022 and January 2023. Attention was drawn to the following: • 30 November 2022: The Board's views of the draft North East and North Cumbria (NENC) Integrated Care Partnership (ICP) Integrated Care Strategy document was detailed, a draft which had been previously circulated to the Committee for information and any comment. • 25 January 2023: Regarding the 'Health Protection Collaborative Update' item, the Committee Chair had requested a Public Health update in relation to similar themes covered in the winter health presentation – this would be circulated to Members for comment in the near future. AGREED that the minutes of the Health and Wellbeing Board from the meetings in November 2022 and January 2023 be noted.
8	**SBC Overview and Scrutiny – End-of-Term Report 2019-2023** Consideration was given to the SBC Overview and Scrutiny – End-of-Term Report for 2019-2023 which provided a compilation of all scrutiny activity during the soon-to-be-completed four-year Council term. The report included the latest annual infographic which gave brief summaries of the reviews undertaken by each of the Select Committees in 2022-2023 (Appendix 4). In a slight change to the format used for the previous 2015-2019 end-of-term report, an 'impact' box was incorporated for each review to demonstrate how the Select Committees' work had led to service change / improvement. It was noted that the end-of-term report was being presented to all Select Committees during their final meetings in March 2023. Similarly, the report would be considered at the last Executive Scrutiny Committee meeting at the end of March 2023. The Committee reflected on the range of work undertaken during the past four years and commended Members, officers and external partners for their contribution to addressing some very challenging topics.

	AGREED that the SBC Overview and Scrutiny – End-of-Term Report 2019-2023 be noted.
9	**Chair's Update and Select Committee Work Programme 2022-2023** Work Programme 2022-2023 Consideration was given to the Committee's current Work Programme. Whilst this was the final meeting of the current four-year Council term, monitoring for two previously completed Committee reviews would carry forward into 2023-2024, namely Day Opportunities for Adults, and Care at Home. Chair's Update The Chair provided the following updates: • North Tees and Hartlepool NHS Foundation Trust (NTHFT) Maternity Services: Following the update provided at the previous Committee meeting in February 2023, further clarity had been requested from NTHFT regarding its community midwifery service and the offer of post-natal home-visits / requirement for attendance at Endurance House – the Trust's response would be circulated once received. Members drew attention to additional concerns raised by those using the service which needed addressing. • Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): Members were reminded of the recent publication of the fourth and final report into West Lane Hospital which had since been circulated to the Committee. • Scrutiny Review of Care at Home: A brief reply to the letter that was sent to the Minister of State at the Department of Health and Social Care regarding the Committee's key findings had been received yesterday (20 March 2023) – the letter had been shared with the department's social care policy officials for careful consideration. • Visit to the SBC Quality Assurance and Compliance (QuAC) Team: An opportunity to meet officers within the Council's QuAC Team will be available on 25 April 2023 – electronic invitations will be issued shortly. Since this was the Committee's final meeting of the current Council term, the Chair thanked Members for their considerable contributions over the past four years, as well as the officers who had supported the Committee in its work. In addition, the Vice-Chair paid tribute to the Chair (who was operating in such a capacity for the final time at this Committee meeting) for her dedicated and diligent efforts over several years in what was a very challenging role, and wished her well in the future. AGREED that the Chair's updates and the Adult Social Care and Health Select Committee Work Programme 2022-2023 be noted.

Adult, Social Care and Health Select Committee

Overview Meeting 2023

18 July 2023

Adults, Health and Wellbeing

Context

Members are reminded of the Council's Vision that supports decision-making:

A place where people are healthy, safe and protected from harm where:

- This means the Borough will be a place where:
  - People live in cohesive and safe communities
  - People are supported and protected from harm
  - People live health lives

- This means that the Borough will have:
  - A growing economy
  - Improved education and skills development
  - Job creation and increased employment

- This means we will enjoy:
  - Great places to live and visit
  - Clean and green spaces
  - Rich cultural experiences

The Council plays its part in making sure this is achieved by being a Council that is ambitious, effective and proud to serve.

Performance Reporting

Performance across the Council Plan was reported on a six-monthly basis to Executive Scrutiny Committee. Please see the link:

http://www.egenda.stockton.gov.uk/aksstockton/users/public/admin/kab71.pl?cmte=SCR

ADULTS, HEALTH AND WELLBEING
Director – Ann Workman / Carolyn Nice

Relevant services include:

- Adult Social Care
- Strategy and Transformation
- Public Health

Council Plan 2023-2026

The Council Plan sets out the aims and objectives for all services and is refreshed on an annual basis.

The key priorities for Adults, Health and Wellbeing are attached at Appendix 1.

Emerging Issues

Service delivery is influenced by a range of internal and external factors that develop over time. Emerging challenges and opportunities are summarised as follows:

Adult Social Care - Priorities for the year ahead

The four priorities in our Adult Social Care Strategy are:

1. To provide support to people to prevent, reduce or delay the need for ongoing support and maximise independence.
2. To ensure people can get the right level and type of support at the right time
3. To develop and support our staff and to support providers of social care services to develop and support their staff.
4. To work with, and within, communities.

To support these priorities in the coming year we will be:

- Reviewing our intermediate care offer
- Focussing on developing further opportunities for supported and residential living within the borough to enable less out of area placements
- Developing a Workforce Strategy
- Continuing to work with care providers to develop the care market within the borough and improve quality of care
- Develop co-production with people with lived experience

From April 2023 the Care Quality Commission introduced a new inspection regime for Adult Social Care within Local Authorities. A work programme is in place to prepare for inspection, with a focus on ensuring that what we do in our day-to-day practice is robust, safe and of good quality.

Adult Social Care – Challenges and opportunities

Several key frameworks will be recommissioned in the next 18 months and essential market engagement, service review and re design work will need to be undertaken throughout 2023/24 to ensure services are effective, sustainable and meet the outcomes of people. The key frameworks include:

Framework	When do we expect it to go live
Older People Residential Framework	01 April 2024
Mental Health specialist framework	July 2023
Learning Disability Residential Framework (reopening for additional provision)	July 2023
Care at Home Framework	01 October 2024

The Council commissioned the Housing LIN to support with a market assessment of the housing and accommodation needs for older people and people with complex care and support needs over the next 10 years. This was completed in December 2022 and a priority for 23/24 is to use this market intelligence to stimulate the market and develop accommodation options.

We completed our 2023/26 Market Position Statement (MPS) and will use this as a tool to engage with the market to ensure we continue to have sufficient provision for projected future needs and we learn and build on good practice from other regions and other providers.

The combination of demand pressures, impact of rising inflation and financial challenges plus recruitment challenges across the sector will continue to challenge the sustainability in the market.

The expansion of the remit of the Care Quality Commission (CQC) to oversee the quality and performance of both Local Authorities and Integrated Care Systems (ICS) alongside the existing inspection responsibilities they hold for providers of regulated activities will start in earnest from September 2023. Adult Social Care is working to ensure our systems and processes are effective and ready for a formal inspection and we use the framework as a tool to ensure the services we offer and the way we work continues to deliver good outcomes for people.

The Transformation Programme will build on the excellent work achieved in 2022/23. The programme will focus on several key areas including development of the recruitment and retention programme for the care sector, leadership development and growing leadership networks across organisations, activities in care settings, links to university research and skills / competence development of care provider staff. The Well Led offer made by the Council to Care Providers was a finalist in the Municipal Journal Awards 2023.

Care homes across Stockton have been working within the Activity Coordinator Network to start innovating and developing the activity offer to residents. The Activity Coordinator Network brings together Activity Coordinators to share good practice, ideas and look at solutions to barriers and challenges facing their services.

There has been a series of events, designed in collaboration with Activity Coordinators, the Transformation Team, Tees Active and Catalyst, that brings care home residents together in one place, to socialise and take part in a number of activities and events. This includes Residents on Ice (ice skating with wheelchairs) and The Care Home Legends (a number of physical activity games supported by secondary school students at Thornaby Pavilion).

The Big Green Walk was designed in collaboration with Activity Coordinators, the Transformation Team, Tees Valley Museums, Stockton Globe and Stockton Travel Hub, and saw over 100 residents, their families and staff from across Care Homes, come together to participate in a one-mile walk, followed by a Sing-a-long.

The Activity Coordinator Network has developed into an engaging, motivated network of coordinators, who now run their own Resident Social Group at a local Social Club, bringing residents together from all care homes, to socialise, play games and sing.

To support in the development of Activity Coordinators and strengthen their current skills, a L2 Activity Provision in Care qualification was developed by the Learning and Skills team, which was oversubscribed (20 accepted into the first programme which started in June), and a second programme will start in September.

The Activity Coordinators continue to bring ideas for collaborative working, which are being explored, and include Guinness World Record activities, Care Home Come Dine With Me, and a Care Home Choir.

An Activity Showcase Event held in March 2023 aimed to bring organisations, VCSE and other community groups together to promote the activities or services they can offer to Activity Coordinator and residents; thereby allowing care homes to improve their awareness and knowledge of what is available. Links were created and strengthened with Age UK Teesside, the Mobile Library Service, Greenlinks, Sporting Chance, Stockton Globe, Wag & Co, and Stockton Active Travel Hub, to name a few.

Throughout 2023/24, we aim to continue this work broadening the variety of activities available in the community and sharing good practice to implement in the care homes with residents who may be less mobile and require more meaningful activity within the home.

Work around recruitment and retention across the sector is continuing to develop. All managers across the Stockton network are being provided with Skills for Care registered managers membership. Providers are being asked to complete the Adult Social Care Workforce Data set which will become a contractual responsibility from 2024. The dataset helps provide insights into the characteristics and trends within the adult social care workforce, assisting in the development of policies and strategies to support the sector and allows providers to access the Workforce Development Fund to access training for employees in the sector.

Care sector careers continue to be showcased in Stockton News and on the Employment and Training Hub social media. We are currently working alongside Health and Social Care partners as part of the widening participation programme on a new campaign to promote Health and Social care careers. This campaign will be delivered across the Tees Valley, commencing in November and run until March. Funding for this campaign has been made available via the ICB.

Funding for a Care Academy Coordinators post has also been made available and this will support the development of the Care Academy offer including developing a robust network of I-Care ambassadors to promote opportunities within the sector.

There are emerging challenges within CQC and PAMMS inspections in the care home sector regarding medication management. To respond to this challenge we are:

Commissioning support from the NHS Medicines Optimisation team who provide Medication auditing and training to care homes. Homes that have significant challenges with medication management are provided with an action plan and one to one support from the team.

Additional resource for this team is currently being looked at via Better Care Funding to respond to the concerns identified with medication management across the network at this time.

A Care home quality group has been created for Providers that have been identified as Requires improvement or inadequate in either CQC or PAMMS. One focus of the group is to upskill care home staff around medication management with targets to be agreed with providers for the number of staff that must complete the Medicines Optimisation teams training to ensure significant and sustainable improvement in these homes.

A level 3 medication management qualification has been developed via Learning and Skills and the NCFE (previously known as the Northern Council for Further Education). The qualification is accredited and recognised by CQC. This is run over six weeks and incorporates two theory days based at the skills centre and then an observation in their own setting. An initial cohort of 6 care home staff completed this course and an additional 4 courses have now been made available with 32 places to be offered to Care homes with requires improvement status as part of the Care homes quality group. Additional courses will also be made available.

We are producing an Adult Social Care Workforce Development Strategy (2023-2027) which is likely to focus on the following Priority Areas:

- Priority 1 – To promote and enhance the Wellbeing of our Workforce
- Priority 2 – To ensure we have the right people in the right roles to support the delivery of our services
- Priority 3 – To work with Partner Agencies to ensure that they are delivering training and development opportunities that are relevant, adaptive and meet the needs of our workforce
- Priority 4 – To work with Strategic and Operational Services within Adult Social Care to ensure Quality Assurance is in place with Care Quality Commission compliance and requirements.

An annual Action Plan will be developed to from the ASC Workforce Development Strategy.

We recognise the recruitment and retention challenges within Adult Social Care and to respond to this we are working in collaboration with the Association of Directors of Adult Social Services (ADASS) network with two working groups – these are Social Work and Social Care Staff focussed. This enables the Council to view our workforce data in the context of wider local authority experiences. We are able to benefit from the learning and experience from within these networks. We continue to promote Apprenticeship opportunities and invest in training and progression opportunities.

The health and wellbeing of Adult Social Care staff is an integral focus of the ASC Workforce Development Strategy. We recognise the need to promote and provide holistic wellbeing opportunities. We provide a range of accessible, self-directed learning resources within MyDevelopment, in addition to ASC Wellbeing Week, Social Work Week, Celebration Events; and also access the wider Corporate Wellbeing Services.

We are committed to creating a Culture of Learning within Adult Social Care. This needs to be accessible and delivered in a personalised way that meet the needs of our workforce. To respond to this we facilitate a number of internal training opportunities, such as Festival of Learning, Peer Reflection Sessions; in addition to the structured training sessions which are delivered within Workforce Development, and also by Partner Agencies – such as HEI’s,

Local Training Providers; and Stakeholders such as Teeswide Safeguarding Adults Board (TSAB) and Tees Esk and Wear Valley Mental Health NHS Trust.

The Council continues to meet its obligations as a TSAB member by taking active part in each of the six sub-groups' work and by contributing towards the overall TSAB Strategic Business Plan. As part of the quality assurance process, SBC was audited by the TSAB and its partners on 14 July 2022 in relation to Self-neglect and then on 3 November 2022 in relation to Adult Sexual Exploitation. On 10 November 2022, the Quality Assurance Framework Self Audit[i] was submitted to TSAB with the overall rating of 'Green' being assigned by the evaluation panel. Further audits are scheduled to take place in 2023/2024: regarding Modern Slavery and Incidents between residents in care homes.

The Council continues to meet its legal obligations, as outlined in The Care Act 2014 and other relevant legislation, such as The Mental Capacity Act 2005 and The Human Rights Act 1998. Key Policies and Procedures as well as practice guidance are adhered to. Between 1 April 2022 to date, there are no Safeguarding Adult Reviews (SARs) in relation to SBC residents.

Early intervention and prevention services (EIP) continue to deliver critical intermediate care services, robust triage for Adult Social Care and Safeguarding referrals, and play a key role in our management of hospital discharges. We have one of the most effective systems in the country for safe and timely hospital discharge. This has been recognised with presentations being delivered at a regional Better Care Fund event in Leeds and at the annual LGA conference innovation zone, held in Bournemouth. We see integration as a key element to managing service delivery in time of financial challenge and are focussed on what more we can do with a multi-partner integration event taking place this year to set the commitment and direction.

We created a new role of Lived Experience Coordinator in November 2022 with the aim of transforming our co-production approach. This role will be a key in our plans to develop this approach across Adult Social Care and will link into existing commissioning plans and support the expectations of the CQC assurance.

Public Health - Priorities for the year ahead

Fitting with Council Plan the priorities, our key focus remains delivering on the key high level themes in the Joint Health and Wellbeing Strategy (to be reviewed this year together with communities and partners):

- all children and families get the best start in life
- all people in Stockton-on-Tees live well and live longer
- all people in Stockton-on-Tees live in healthy places and sustainable communities

To support delivery against these key priorities, we will:

- help drive forward the thinking on **asset-based community development** working collectively with communities and partners
- continue to embed **addressing inequalities** in all that we do, working across the wider health and wellbeing system
- continue to develop and implement a local health and wellbeing model and offer for **children, young people and families**, working with communities and partners
- further develop our approach to working with our **adult population** (including transition from childhood) to ensure support and services (e.g. substance misuse, tobacco control) are available and accessible according to level of need, alongside empowering communities
- further **develop 'healthy places'** to help create the environment and conditions for people to be healthy, working alongside communities and partners
- **protect the health of the population** through ensuring accessible services are in place e.g. screening; and ensuring readiness and response to threats to population health e.g. infectious disease; and input to major incident planning and response
- support **development of the ICS** locally and regionally, to help ensure joined up plans are in place to address the health of the local population, working across primary care, mental health and acute care

Public Health – Challenges and opportunities

As with many other areas, recruiting specialist workforce remains a challenge and we are continuing work to recruit and retain our own staff, providing development opportunities for team members and working with regional training programmes.

We continue to work closely with colleagues across the organisation and with partners to ensure value for money and explore new ways of doing things. Regular service review and evaluation continues to be a key part of our ways of working. The asset-based community development approach to working provides an exciting opportunity to look further at how we develop support for communities where they need it, and act as a facilitator and enabler. This approach extends to our existing work also, including our work with more vulnerable communities. We are developing a pilot to support people with multiple complex needs (particularly domestic abuse, substance misuse and mental health needs), with a view to using a peer- advocacy model and employing the learning to influence other work.

Having worked closely with ICB colleagues over the past year to support PCNs with their health inequalities work (focusing on healthy weight), we are looking to develop our relationships with primary care further, maximising their close links with communities. An example is exploring a pilot for benefits maximisation work to be undertaken from a GP practice, to provide opportunistic support to people in a setting that may be more accessible to them. We are also working closely with ICB colleagues to look at the development of local plans under the new ICB place committee for the borough, which articulate how we work jointly across the system to help deliver on the Health and Wellbeing Strategy.

Working collectively with partners and the community to refresh the Strategy with an associated plan and framework for capturing impact will also be a key activity for the coming year.

With the changes across health, care and children's services, we have a good opportunity to work collectively with partners and the community to develop our model for working with and supporting children, young people and families' health and wellbeing. This is informing the developing model for our 0-19 provision (and up to 25yrs for SEND), where we are looking to use and test and co-production and asset-based approach. The model includes our health visiting, public health school nursing and family healthy weight support services.

As demand and need continue to grow, we are looking to work closely with adult services, health services and the community to ensure our support and provision is tailored according to level of need. This will include using our collective intelligence to understand communities at higher risk of ill health and looking at how we ensure earlier intervention is in place to prevent escalation into needing more intensive support. We already commission health checks in primary care as an example, which we are continuing to build on. The last year has also seen the development of our new Domestic Abuse Strategy and we have also lead on the recommissioning of domestic abuse services, which provides us with an additional opportunity to continue to develop our support to communities with existing needs and vulnerabilities. Primary prevention remains crucial and we will continue to work with partners to implement whole-systems approaches around issues such as tobacco, substance misuse and mental wellbeing in line with the evidence base and taking an increasingly community asset-based approach.

We will also continue to maintain and build our resilience for future threats to the health of the population, including embedding learning from the Covid pandemic, informing refreshes to emergency planning / major incident approaches and maintaining and building further our relationships with key settings such as the care sector and schools. Ensuring effective and accessible infection prevention control and screening and immunisations remain a priority.

With so much regeneration and change underway in the borough, there is the opportunity for us to continue to develop our joint working with Council colleagues, businesses and wider partners in relation to creating healthy places. This includes including supporting people to be healthy to work; supporting workplaces in improving the health of their employees and communities; and working with partners to create and promote opportunities for people to be physically active, access green space and feel a sense of ownership and safety in their communities and neighbourhoods.

APPENDIX 1: COUNCIL PLAN – KEY PRIORITIES 2023-2024 (ADULTS, HEALTH AND WELLBEING)

A place where people are healthy, safe and protected from harm means the Borough will be a place where:

- people live in cohesive and safe communities
- people are supported and protected from harm
- people live healthy lives

We have identified these key priorities for 2023 to 2024 to help us achieve this vision. This year we will:

- deliver improvement programme focusing on workforce, practice and partnerships for children and families in need

- support people to live healthy lives and address health inequalities through a focus on early prevention, long term conditions, substance misuse, smoking, obesity, physical activity and mental health

- continue to lead the public health response to Covid and support the approach to recovery and addressing the impact of Covid, working with partners on the Health and Wellbeing Board

- support people to remain safely and independently in their homes for as long as possible and offer help to people who are feeling lonely

- continue to work with adult residential care and care at home providers to improve quality of care and to continue to support them as they respond to the challenges arising from COVID-19

- engage with individuals, families, carers and communities when developing adult social care support and continue to collaborate with the NHS to ensure health and care services work effectively together

- review out of area placements and day options provision for adults

- work with our communities and partners to develop our approach to healthy places, in the context of regeneration plans and the Health and Wellbeing Strategy

[i]

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CARE QUALITY COMMISSION (CQC) INSPECTION OUTCOMES & STOCKTON-ON-TEES BOROUGH COUNCIL (SBC) PROVIDER ASSESSMENT AND MARKET MANAGEMENT SOLUTIONS (PAMMS) ASSESSMENT REPORTS

QUARTER 4 2022-2023

The CQC is the national inspectorate for registered health and adult care services. Inspection reports are regularly produced, and these are published on a weekly basis.

The CQC assesses and rates services as being 'Outstanding', 'Good', 'Requires Improvement', or 'Inadequate'. Where providers are found to be in need of improvement or inadequate, the CQC make recommendations for improvement and / or enforcement action. Specific actions taken in each case can be found in the relevant inspection report.

Where inspections are relevant to the Borough, a summary of the outcome is circulated to all Members each month. An update from Adult Services is included which summarises the position in relation to service provision and any actions taken at that time.

Quarterly Summary of Published CQC Reports

This update includes inspection reports published between January and March 2023 (inclusive). These are included at **Appendix 1** and contain the results of all inspections of services based in the Borough (irrespective of whether they are commissioned by the Council).

During this quarter, **15** inspection results were published. Please note: there is a time lag between dates of the inspection and the publication of the report. In addition, where concerns are identified by the CQC, re-inspections may take place soon after the initial report is published. When the outcomes are made available within the same quarter, the result of the most recent report is included in this update.

The main outcomes from the reports are as follows:

- 12 Adult Services were reported on (5 rated 'Good'; 6 rated 'Requires Improvement'; 1 rated 'Inadequate')
- 2 Primary Medical Care Services were reported on (2 rated 'Good')
- 1 Hospital / Other Health Care Services was reported on (1 rated 'Requires Improvement')

A summary of each report and actions taken (correct at the time the CQC inspection report was published) is outlined below. Links to the full version of the reports, and previous ratings where applicable, are also included.

PAMMS Assessment Reports

SBC are utilising the Provider Assessment and Market Management Solutions (PAMMS) in the quality assurance process. PAMMS is an online assessment tool developed in collaboration with Directors of Adult Social Services (ADASS) East and regional Local Authorities. It is designed to assist in assessing the quality of care delivered by providers. The PAMMS assessment consists of

a series of questions over a number of domains and quality standards that forms a risk-based scoring system to ensure equality of approach. The PAMMS key areas are:

- Involvement and Information
- Personalised Care and Support
- Safeguarding and Safety
- Suitability of Staffing
- Quality of Management

Following the PAMMS assessment, the key areas are scored either 'Excellent', 'Good', 'Requires Improvement' or 'Poor', and an overall rating is assigned to the assessment using these headings. **Appendix 2** shows **17** reports published between January and March 2023 (inclusive), the overall outcomes of which can be summarised as follows:

- 10 rated 'Good'
- 6 rated 'Requires Improvement'
- 1 rated 'Poor'

APPENDIX 1

ADULT SERVICES

(includes services such as care homes, care homes with nursing, and care in the home)

Provider Name	**Stockton Care Limited**	
Service Name	**Cherry Tree Care Centre**	
Category of Care	**Residential / Residential Dementia**	
Address	South Road, Norton, Stockton-on-Tees TS20 2TB	
Ward	**Norton South**	
CQC link	https://api.cqc.org.uk/public/v1/reports/64113585-53dc-4703-8100-04d84f3d5299?20230106130000	
	New CQC Rating	**Previous CQC Rating**
Overall	**Requires Improvement**	**Good**
Safe	**Requires Improvement**	**Good**
Effective	**Not inspected**	**Good**
Caring	**Not inspected**	**Good**
Responsive	**Not inspected**	**Good**
Well-Led	**Requires Improvement**	**Good**
Date of Inspection	**6th & 9th December 2022** (focused inspection)	
Date Report Published	**6th January 2023**	
Date Previously Rated Report Published	**10th December 2019**	

Breach Number and Title

Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
The provider failed to ensure medicines were managed safely. The provider did not ensure that risks to the health and safety of people had been fully assessed.

Regulation 17 HSCA RA Regulations 2014 Good governance
Quality assurance systems did not effectively assess, monitor, and improve the quality and safety of the service.

Level of Quality Assurance & Contract Compliance

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority

The home engages with the National Early Warning System (NEWS) and has shown high levels of usage, although this is not consistent. The home has recently approached the team for support to use the equipment and resolved issues with recent recording.

The home engages well with the Quality Assurance & Compliance (QuAC) Officer and is open and transparent in their approach.

The home has not showed any engagement with initiatives such as the Leadership Network or Activities Forum.

The Manager, who is new to her role as a Registered Manager, showed a keen interest in the Well Led programme. However, at the time of the 2022 Well Led cohort she was undertaking her Management Level 5 requirement for her role which took priority.

The provider has engaged well with the NECS Medication Optimisation Team.

Supporting Evidence and Supplementary Information

This was a focused inspection on the domains of Safe and Well Led. Cherry Tree Care Centre is one of multiple homes with the same owner spread across different organisations. The inspection was prompted, in part, due to issues within medicines, infection control, and quality assurance monitoring at the owner's other services (Roseworth Lodge, Primrose Court, and Churchview (CQC report pending)). The CQC felt that an inspection was required due to established themes occurring across the other owned homes.

Medicines were not always managed safely, and the home did not follow best practice guidance for the receipt, storage, and administration of medicines. Risks to people had not always been recognised and mitigated, and care plans held inaccurate information and lacked detail to support staff to keep people safe. Some best interest decisions regarding the use of bedrails were not in place, but the deputy manager addressed this matter immediately at the time of the inspection.

The provider did not ensure they had a strong oversight of the home and quality assurance processes were either not effective or not in place.

Staff completed safeguarding training and incidents, accidents and safeguarding concerns were recorded appropriately. The provider had recognised that changes could be made in this area to drive improvement.

People lived in a safe environment and health and safety checks were regularly conducted. The home worked with external healthcare professionals to ensure that service-users received joined-up care. Service-users were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests.

The provider had a robust recruitment process and there was evidence that enough staff were deployed to meet people's needs. The home had a warm friendly atmosphere and staff knew people well. Service-users told the CQC that they felt safe and staff treated them with respect. Staff were enthusiastic and knowledgeable about their roles and worked well together and were supportive, and the home had an open and transparent culture.

At the time of inspection, the Registered Manager was on maternity leave and away from the service. The newly appointed Deputy Manager is currently overseeing the service until the manager returns from leave.

Participated in Well Led Programme?	**No**	
PAMMS Assessment – Date (Published) / Rating	**10/03/2022**	**Good**

Provider Name	**Milewood Healthcare Ltd**	
Service Name	**Oxbridge House**	
Category of Care	**Residential / Learning Disabilities**	
Address	187 Oxbridge Lane, Stockton-on-Tees TS18 4JB	
Ward	**Grangefield**	
CQC link	https://api.cqc.org.uk/public/v1/reports/e54f3d4f-74ef-488e-9d8a-b872efa58dc2?20230119130000	
	New CQC Rating	**Previous CQC Rating**
Overall	**Good**	**Requires Improvement**
Safe	**Good**	**Requires Improvement**
Effective	**Not inspected**	**Not inspected**
Caring	**Not inspected**	**Not inspected**
Responsive	**Not inspected**	**Not inspected**
Well-Led	**Good**	**Requires Improvement**
Date of Inspection	**14th, 15th, 20th December 2022 & 3rd January 2023** (focused insp.)	
Date Report Published	**19th January 2023**	
Date Previously Rated Report Published	**9th June 2021** (focused inspection)	

Breach Number and Title
None.
Level of Quality Assurance & Contract Compliance
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)
Level of Engagement with the Authority
There has been no recent engagement with the Authority. The manager was allocated a place on the Well Led Programme but did not complete the first session as didn't come back after the break.
Supporting Evidence and Supplementary Information
The last CQC rating for this service was 'Requires Improvement' following an unannounced visit in May 2021 (published 9 June 2021). At the time, the service was in breach of two regulations regarding medicines, risk assessment and the effectiveness of the service's quality assurance systems. At the time of the latest inspection, the Registered Manager was on long-term leave and the Acting Manager was in charge of the service. This inspection covered the key questions 'Safe' and 'Well-Led' to check that the service had followed their Action Plan and that legal requirements were now being met. Infection prevention

and control measures were also reviewed to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

During the inspection, it was found that the service-users were supported to have maximum choice and control of their lives. Staff supported service-users in the least restrictive way possible and always in their best interest. Also, staff placed peoples wishes, needs, and rights at the heart of everything they did.

Risks to service-users had been identified, recorded and risk assessments were in place to reduce risks wherever possible. Accidents and incidents were recorded, and appropriate action had been taken to try and avoid reoccurrence. Robust audits were in place to identify any shortfall in practice and lessons learnt are shared with the staff team.

Service-users were supported safely with medicines; however, it was recommended that the policy around medication should include procedures for social leave.

Staff promoted equality and diversity in their support and understood how to protect them from poor care and abuse. The service was found to be working within the principles of the MCA.

For those key questions not inspected on this visit, the ratings from the last inspection were used to calculate the overall rating. The overall rating for the service has changed to 'Good'.

Participated in Well Led Programme?	**No**	
PAMMS Assessment – Date (Published) / Rating	**06/09/2019**	**Requires Improvement**

Provider Name	**Real Life Options**	
Service Name	**Real Life Options – Darlington Road**	
Category of Care	**Residential Home – Learning Disability**	
Address	54 Darlington Road, Hartburn, Stockton-on-Tees TS18 5EW	
Ward	**Hartburn**	
CQC link	https://api.cqc.org.uk/public/v1/reports/42a904cd-4271-4e29-9cdc-f2f9116ce2f3?20230211130000	
	New CQC Rating	**Previous CQC Rating**
Overall	**Requires Improvement**	**Good**
Safe	**Requires Improvement**	**Good**
Effective	**Not inspected**	**Good**
Caring	**Not inspected**	**Good**
Responsive	**Not inspected**	**Outstanding**
Well-Led	**Requires Improvement**	**Good**
Date of Inspection	**18th, 27th January & 9th February 2022** (focused inspection)	
Date Report Published	**11th February 2023**	
Date Previously Rated Report Published	**14th February 2020**	

Breach Number and Title

Regulation 12 HSCA RA Regulations 2014 Safe care and treatment

- Staff were not following correct policies and procedures around the safe administration of medicines. 12(2)(g)
- The provider was not ensuring the environment was suitably clean and maintained to minimise the risks in terms of infection prevention and control. Staff did not always wear PPE in line with government guidance. 12(2)(h)

Regulation 17 HSCA RA Regulations 2014 Good governance

- The provider did not have adequate systems in place to assess, monitor and improve the service. Issues identified during the inspection had not been picked up during the provider's audit process. 17(2)(a)
- People's records were not always accurate or complete. 17(2)(c)

Level of Quality Assurance & Contract Compliance

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority

The manager has a positive relationship with the Quality Assurance & Compliance (QuAC) Officer, maintaining honest and open communications and responding to requests for information in a timely manner.

The provider works alongside the Transformation Team on a number of things. The manager has completed the Well Led, they attend the leadership networking, and attend the activity meetings.

Supporting Evidence and Supplementary Information

During the inspection, the CQC found that people's medicines were not always managed safely. Guidance around medicines used to help people who were experiencing distress or anxiety was not always followed. The home was aware of the principles of 'stopping the overmedication of people with a learning disability and autistic people' (STOMP), but had not been following them. One person's records contained information on a medicine allergy that had not been followed. Staff were not always keeping accurate records of the controlled drugs within the home.

The provider's policy on PPE was not in-line with current government guidance. Staff were not able to explain the processes for deep cleaning items such as beanbags and sensory equipment, and it was confirmed that this had not been done on a regular basis.

Corridors contained a mix of carpet and vinyl flooring; however, this was in poor condition with several rips and loose sections, which could pose a trip hazard.

The provider did not ensure fire drills were taking place in line with the policy. Not all staff had taken part in a fire drill in the last 12 months. People, including those unable to make decisions for themselves, had as much freedom, choice, and control over their lives as possible because staff managed risks to minimise restrictions. Staff assessed people's sensory needs and did their best to meet them. Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. There were effective safeguarding and whistleblowing procedures in place at the home.

The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to consider people's individual needs, wishes and goals. Every person's record contained a clear one-page profile with essential information and do’s and don’ts to ensure that new or temporary staff could see quickly how best to support them.

Staff raised concerns and recorded incidents and near-misses, and this helped keep people safe. The manager audited these records to look for patterns and trend to minimise future risk.

Governance processes were not always effective. Some of the records reviewed were not accurate. Daily notes did not always correspond with entries made on medicines records or charts used to monitor people's mood. There was a risk that staff may not be able to access policies and procedures when required.

Staff felt respected, supported and valued by senior staff which supported a positive and improvement driven culture. The provider offered staff an Employee Assistance Programme for free help and advice. Staff felt able to raise concerns with managers without fear of what might happen as a result.

The provider sought feedback from people and those important to them, and used the feedback to develop the service. People had meetings with their key workers every month. Staff

meetings took place, but the manager also had an open-door policy and staff felt able to raise any issues or ideas outside of formal meetings.	
Participated in Well Led Programme?	**Yes**
PAMMS Assessment – Date (Published) / Rating	**Not yet assessed**

Provider Name	**Royal Mencap Society**	
Service Name	**Royal Mencap Society – 71 Middleton Avenue**	
Category of Care	**Residential Home – Learning Disability**	
Address	71 Middleton Avenue, Thornaby, Stockton-on-Tees TS17 0LL	
Ward	**Village**	
CQC link	https://api.cqc.org.uk/public/v1/reports/ad3ab0cf-6863-4629-adbf-330053eb1c2f?20230211130000	
	New CQC Rating	**Previous CQC Rating**
Overall	**Good**	**Good**
Safe	**Good**	**Good**
Effective	**Not inspected**	**Good**
Caring	**Not inspected**	**Good**
Responsive	**Not inspected**	**Good**
Well-Led	**Good**	**Good**
Date of Inspection	**10th & 17th January 2023** (focused inspection)	
Date Report Published	**11th February 2023**	
Date Previously Rated Report Published	**26th January 2018**	

Breach Number and Title
None.
Level of Quality Assurance & Contract Compliance
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)
Level of Engagement with the Authority
The manager has a positive relationship with the Quality Assurance & Compliance (QuAC) Officer, maintaining honest and open communications and responding to requests for information in a timely manner. The provider engages well with the Transformation Team. They have been on the Well Led Programme – in the pipeline to work on some current projects through Transformation Team and attend the networking groups.
Supporting Evidence and Supplementary Information
This inspection was prompted by a review of the information CQC held about this service. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Medicine records were not always completed in full, and the registered manager was reviewing this. The provider ensured people received care and support in a safe, clean, well-equipped, well-furnished, and well-maintained environment that

met their sensory and physical needs. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received kind and compassionate care. Care records were not always completed correctly, and the registered manager was reviewing this. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's care needs and keep them safe. There were not always enough staff to enable people to take part in activities and pursue their interests in their local area. The registered manager was reviewing this.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Staff placed people's wishes, needs and rights at the heart of everything they did.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. People and those important to them, including advocates, were involved in planning their care.

Participated in Well Led Programme?	**Yes**	
PAMMS Assessment – Date (Published) / Rating	**01/02/2022**	**Good**

Provider Name	**Prestige Care (Roseville) Ltd**	
Service Name	**Roseville Care Centre**	
Category of Care	**Nursing / Residential / Dementia**	
Address	Blair Avenue, Ingleby Barwick, Stockton-on-Tees TS17 5BL	
Ward	**Ingleby Barwick West**	
CQC link	https://api.cqc.org.uk/public/v1/reports/325571bf-2c48-4220-a18d-10085c44c5d3?20230221130000	
	New CQC Rating	**Previous CQC Rating**
Overall	**Good**	**Requires Improvement**
Safe	**Good**	**Requires Improvement**
Effective	**Good**	**Requires Improvement**
Caring	**Good**	**Good**
Responsive	**Good**	**Good**
Well-Led	**Good**	**Requires Improvement**
Date of Inspection	**25th January, 1st, 3rd & 9th February 2023**	
Date Report Published	**21st February 2023**	
Date Previously Rated Report Published	**22nd May 2019**	

Breach Number and Title
None.
Level of Quality Assurance & Contract Compliance
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)
Level of Engagement with the Authority
The manager has a positive relationship with the Quality Assurance & Compliance (QuAC) Officer, maintaining honest and open communications and responding to requests for information in a timely manner. Provider has some engagement with the Transformation Managers. They are on target for their NEWS and have engaged with the Alliance. The deputy manager participated in Cohort 4 of the Well Led programme.
Supporting Evidence and Supplementary Information
The CQC found that risks to people were safely managed. Staffing levels were monitored and the provider had safe recruitment processes. People were safeguarded from abuse. Accidents and incidents were monitored to see if lessons could be learnt to improve the service. Effective infection prevention and control processes were in place. Plans were in place to support people in emergencies.

The CQC have made a recommendation about the management of some medicines. Medicines were managed safely. However, some improvements were needed within the guidance and records for some medicines such as creams and patches. The CQC recommend that the provider reviews the guidance and records kept for creams, patches, when medicines are required, and people's preferences around how they take their medicines.

People received kind and caring support from staff who knew them well. People and relatives said staff helped people to achieve good care outcomes. People were supported to make their voices heard.

Staff received regular training, supervision and appraisal. People's needs and choices were assessed and monitored. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. The service was adapted for people's comfort and convenience. People received effective support with eating and drinking.

People received personalised care based on their decisions and needs. A range of activities was made available to people, which they enjoyed. Staff were able to communicate with people effectively and systems were in place to investigate and respond to complaints.

Good governance systems were in place to monitor and improve standards. People, relatives and staff spoke positively about the leadership of the service. Feedback was sought and acted on and staff worked effectively with a wide range of external professionals.

The last rating for this service was 'Requires Improvement' (published 22nd May 2019). A further inspection took place, but the rating was not reviewed (published 23rd March 2021). The provider completed an Action Plan after the last inspection to show what they would do and by when to improve. At this inspection, the CQC found improvements had been made and the provider was no longer in breach of regulations.

Participated in Well Led Programme?	**Yes**	
PAMMS Assessment – Date (Published) / Rating	**07/09/2022**	**Good**

Provider Name	**Real Life Options**	
Service Name	**Real Life Options – 2 Frederick Street**	
Category of Care	**Residential Home – Learning Disability**	
Address	2 Frederick Street, Stockton-on-Tees TS18 2BF	
Ward	**Stockton Town Centre**	
CQC link	https://api.cqc.org.uk/public/v1/reports/8f779669-b959-402f-8122-3758d2ac78db?20230224130000	
	New CQC Rating	**Previous CQC Rating**
Overall	**Good**	**Good**
Safe	**Good**	**Good**
Effective	**Not inspected**	**Good**
Caring	**Not inspected**	**Good**
Responsive	**Not inspected**	**Good**
Well-Led	**Good**	**Good**
Date of Inspection	**7th & 8th February 2023** (focused inspection)	
Date Report Published	**24th February 2023**	
Date Previously Rated Report Published	**27th February 2018**	

Breach Number and Title

None.

Level of Quality Assurance & Contract Compliance

Level 1 – No Concerns / Minor Concerns (Standard Monitoring)

Level of Engagement with the Authority

The manager has a positive relationship with the Quality Assurance & Compliance (QuAC) Officer, maintaining honest and open communications, and responding to requests for information in a timely manner.

The provider engages well with the Transformation team. A few RLO managers have been on the Well Led programme, and they attend the networking (Leadership plus Activities). The provider is very keen to be involved in more and is good to engage with.

Supporting Evidence and Supplementary Information

This inspection was prompted by a review of the information the CQC held about this service. For those key questions not inspected, the CQC used the ratings awarded at the last inspection to calculate the overall rating.

Staff supported people to have the maximum possible choice, control and independence, and they had control over their own lives. Staff focused on people's strengths and promoted what

they could do so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests in their local area.

The provider ensured people received care and support in a safe, clean, well-equipped, well-furnished, and well-maintained environment that met their sensory and physical needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Staff placed people's wishes, needs and rights at the heart of everything they did. People's quality of life was enhanced by the service's culture of improvement and inclusivity. People and those important to them, including advocates, were involved in planning their care.

Participated in Well Led Programme?	**Yes**	
PAMMS Assessment – Date (Published) / Rating	**07/03/2022**	**Requires Improvement**

Provider Name	**Real Life Options**	
Service Name	**Real Life Options – Darlington Road**	
Category of Care	**Residential Home – Learning Disability**	
Address	54 Darlington Road, Hartburn, Stockton-on-Tees TS18 5EW	
Ward	**Hartburn**	
CQC link	https://api.cqc.org.uk/public/v1/reports/89410f04-2133-448e-8a06-1df807c052d6?20230224130000	
	New CQC Rating	**Previous CQC Rating**
Overall	**Good**	**Requires Improvement**
Safe	**Good**	**Requires Improvement**
Effective	**Not inspected**	**Not inspected**
Caring	**Not inspected**	**Not inspected**
Responsive	**Not inspected**	**Not inspected**
Well-Led	**Good**	**Requires Improvement**
Date of Inspection	**10th & 14th February 2023** (focused inspection)	
Date Report Published	**24th February 2023**	
Date Previously Rated Report Published	**7th February 2022** (focused inspection)	

Breach Number and Title
None.
Level of Quality Assurance & Contract Compliance
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)
Level of Engagement with the Authority
The manager has a positive relationship with the Quality Assurance & Compliance (QuAC) Officer, maintaining honest and open communications, and responding to requests for information in a timely manner. The provider engages well with the Transformation team. A few RLO managers have been on the Well Led programme, and they attend the networking (Leadership plus Activities). The provider is very keen to be involved in more and is good to engage with.
Supporting Evidence and Supplementary Information
The last rating for this service was 'Requires Improvement'. The provider completed an Action Plan after the last inspection to show what they would do and by when to improve. At this inspection, the CQC found improvements had been made and the provider was no longer in breach of regulations.

The CQC undertook this focused inspection to check they had followed their Action Plan and to confirm they now met legal requirements. This report only covers their findings in relation to the key questions 'Safe' and 'Well-Led' which contain those requirements. People received the right support with their medicines. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. For those key questions not inspected, the CQC used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from 'Requires Improvement' to 'Good'. This is based on the findings at this inspection.

Participated in Well Led Programme?	**Yes**
PAMMS Assessment – Date (Published) / Rating	**Not yet assessed**

Provider Name	**T.L. Care Limited**	
Service Name	**Mandale Care Home**	
Category of Care	**Residential / Residential Dementia**	
Address	136 Acklam Road, Thornaby, Stockton-on-Tees TS17 7JR	
Ward	**Mandale & Victoria**	
CQC link	https://api.cqc.org.uk/public/v1/reports/ca164a46-ad60-432f-aa67-e02d35c5844a?20230225130000	
	New CQC Rating	**Previous CQC Rating**
Overall	**Requires Improvement**	**Good**
Safe	**Requires Improvement**	**Good**
Effective	**Not inspected**	**Good**
Caring	**Not inspected**	**Good**
Responsive	**Not inspected**	**Good**
Well-Led	**Requires Improvement**	**Good**
Date of Inspection	**26th January 2023** (focused inspection)	
Date Report Published	**25th February 2023**	
Date Previously Rated Report Published	**19th July 2019**	

Breach Number and Title

Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment

- The provider failed to have in place effective systems and procedures to protect people from abuse and to prevent, identify and report abuse. Regulation 13(1) - (3)

Regulation 17 HSCA RA Regulations 2014 Good governance

- The provider failed to have robust systems and processes in place to demonstrate safety was always effectively managed.
- The governance and quality monitoring of the service was not robust enough to ensure people were protected from the risk of harm. Regulation 17(1) and (2)(a), (b), (c) and (f)

Regulation 18: Care Quality Commission (Registration) Regulations 2009

- Failure to notify CQC of important incidents.

Level of Quality Assurance & Contract Compliance

Level 2 – Moderate Concerns (Supportive Monitoring)

The Quality Assurance and Compliance (QuAC) Officer will liaise with the CQC who will monitor progress against their Action Plan and support the provider to ensure they improve and progress against the areas identified.

Level of Engagement with the Authority
Up until January 2023, the home engaged fully with the Transformation Team, attending both the Well-Led and activities programmes. The Manager and Activities Lead left the service early this year; since this time there has been no contact. The home generally works well with the Quality Assurance and Compliance (QuAC) Officer; however, they do not always respond promptly for requests for information.
Supporting Evidence and Supplementary Information
Following concerns received in relation to the environment, staffing, record-keeping and the quality of care people received, the CQC undertook a focused inspection. The standards inspected were 'Safe' and 'Well-Led'; two inspectors and an Expert by Experience carried out the inspection. People were not always safe and protected from the risk of avoidable harm and abuse. On occasions, staff had failed to fully assess risks to service-users and failed to take steps to manage and minimise these risks. Staff had not followed safeguarding procedures; the incidents had not been referred to the Local Authority Safeguarding Team, the police or the CQC. Service-user's care and support plans did not evidence that risks were robustly assessed and did not contain sufficient information to support staff in managing these risks. Systems and processes were either not in place or not robust enough to demonstrate that safety was always effectively managed. Staff generally were suitably competent to care for the service-users. However, some staff required refresher training in mandatory areas such as Moving and Handling and First Aid. The inspectors were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, some areas of the service required re-decorating and updating to ensure that they could be cleaned effectively. A home improvement plan was in place. The Registered Manager did not have oversight of all serious incidents which occurred in the home. These incidents were able to re-occur as measures had not been implemented to minimise and mitigate risk. Systems were not in place to identify these omissions. The service did not always comply with regulatory requirements; there were several events that required notification to the CQC, but these had not been submitted.

Participated in Well Led Programme?	**Yes**	
PAMMS Assessment – Date (Published) / Rating	**02/08/2022**	**Requires Improvement**

Provider Name	**Nationwide Healthcare Limited**	
Service Name	**Ashwood Lodge Care Home**	
Category of Care	**Residential / Residential Dementia**	
Address	Bedale Avenue, Billingham, Stockton-on-Tees TS23 1AW	
Ward	**Billingham South**	
CQC link	https://api.cqc.org.uk/public/v1/reports/43fcfa79-30f3-4fd2-812b-c5720a2f57da?20230302130010	
	New CQC Rating	**Previous CQC Rating**
Overall	**Inadequate**	**Good**
Safe	**Inadequate**	**Requires Improvement**
Effective	**Not inspected**	**Good**
Caring	**Not inspected**	**Good**
Responsive	**Not inspected**	**Good**
Well-Led	**Inadequate**	**Good**
Date of Inspection	**18th & 25th January 2023** (focused inspection)	
Date Report Published	**2nd March 2023**	
Date Previously Rated Report Published	**27th September 2019**	

Breach Number and Title

Regulation 12 HSCA RA Regulations 2014 Safe care and treatment

- The provider failed to ensure care and treatment was provided in a safe way.
- Medicines were not managed safely.

Regulation 17 HSCA RA Regulations 2014 Good governance

- The provider did not have effective systems in place to monitor and improve the quality and safety of the service.

Level of Quality Assurance & Contract Compliance

Level 3 – Major Concerns (Enhanced Monitoring (prior to closure))

Level of Engagement with the Authority

The Registered Manager engaged with the Local Authority but had little support from the providers.

Supporting Evidence and Supplementary Information

A CQC focused inspection was undertaken to review the key questions of 'Safe' and 'Well-Led'. The report highlights several areas of concern:

- Risks to people were not always identified or mitigated. Risks associated with certain health conditions had not been managed to ensure that people remained safe.

- The home did not ensure that assessment tools were used effectively.
- Guidance from external healthcare professionals was not always followed.
- Information to support people to remain safe with their dietary needs had not been passed to kitchen staff. Food to supplement people's diet was not always available.
- Effective plans to keep people safe in the event of a fire were not in place.
- Medicine management was unsafe: Contingency plans had not been put in place for the re-ordering of medicines. Protocols for PRN 'when required' medicines were not always in place, and there was limited information to support staff to recognise when people might need their medication. Changes recorded on MARs did not always have a supporting record from the prescribing professional. Gaps in recording were evident on MAR sheets and TMARs (Topical Medicines Application Records).
- Leadership arrangements in the absence of the Registered Manager were inadequate.
- The nominated individual lacked knowledge about the running of the service and was not able to produce a number of documents requested during the inspection.
- The inspector had to seek assurances from the provider that enough food was ordered, and appropriate staff were deployed, to ensure that people were safe.
- The provider did not ensure it had oversight of the home. Following interventions by the Fire Service, NHS IPC nurse and Local Authority, the provider was asked to produce a number of Action Plans outlining how the home was to improve and be safe. The provider had failed to recognise these failures.

THIS HOME HAS NOW CLOSED (please see Managers and Members briefing 45).

Participated in Well Led Programme?	**Yes**	
PAMMS Assessment – Date (Published) / Rating	**10/01/2023**	**Poor**

Provider Name	**Teesside Healthcare Limited**	
Service Name	**Churchview Nursing and Residential Home**	
Category of Care	**Nursing / Residential / Residential Dementia**	
Address	Thompson Street, Stockton-on-Tees TS18 2NY	
Ward	**Stockton Town Centre**	
CQC link	https://api.cqc.org.uk/public/v1/reports/7f2a32e5-dce1-4551-bbb9-25156c5f396b?20230302130010	
	New CQC Rating	**Previous CQC Rating**
Overall	**Requires Improvement**	**Requires Improvement**
Safe	**Requires Improvement**	**Requires Improvement**
Effective	**Requires Improvement**	**Requires Improvement**
Caring	**Not inspected**	**Good**
Responsive	**Not inspected**	**Good**
Well-Led	**Requires Improvement**	**Requires Improvement**
Date of Inspection	**25th November & 5th December 2022** (focused inspection)	
Date Report Published	**2nd March 2023**	
Date Previously Rated Report Published	**11th December 2019**	

Breach Number and Title

Regulation 11 HSCA RA Regulations 2014 Need for consent

- The provider failed to meet the requirements of the Mental Capacity Act 2005 and associated code of practice. Restrictions were being imposed on people without evidence of capacity assessments or best interest decisions.

Regulation 17 HSCA RA Regulations 2014 Good governance

- Systems and processes in place to monitor the quality and safety of the service were not effective.

Level of Quality Assurance & Contract Compliance

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority

There has been no engagement from the provider with the Local Authority initiatives, however, the home has been without a Registered Manager for the past six months.

The provider is in the top-ten homes for NEWS score recordings despite a poor engagement historically. They engage well with the IPC team, Medicine Optimisation Team and the Quality Assurance & Compliance (QuAC) Officer.

Supporting Evidence and Supplementary Information		
The inspection was prompted, in part, due to concerns received in relation to staffing, fire safety, the culture, and the overall management of the home. As a result, the CQC decided to undertake a focused inspection to review the key questions of 'Safe' and 'Well-Led' only. During the inspection, the CQC found areas of potential concern relating to consent and restrictive practice, and so decided to also inspect the key question 'Effective'. The Fire Service had visited the home on 16 November 2022 and identified shortfalls in fire safety records and some practices. The provider was working with the Fire Service in relation to this and had made some improvements at the time of the inspection. The décor of the home did not always promote effective infection control. Some areas of paintwork and furnishings were not intact and therefore difficult to keep clean. Accidents and incidents were recorded, monitored and analysed to reduce the risk of reoccurrence. There were enough staff on duty to safely meet people's needs. People and relatives felt there were enough staff. Staff were recruited in a safe way and the provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks. Staff completed a comprehensive induction at the start of their employment, including completion of the Care Certificate. Staff were supported in their roles through regular supervisions and appraisals. Staff safely administered and managed people's medicines and had received up-to-date medicines training. Restrictions were being imposed on people without evidence of capacity assessments or best interest decisions, and some MCA documentation where limitations and restrictions were being imposed upon people were unclear or included conflicting information that did not meet MCA requirements. DoLS applications had been submitted to the Local Authority for review in-line with legal requirements. Staff sought consent from people prior to providing support. People were supported to maintain their health. Staff assisted people to access support from healthcare professionals such as GPs, dentists, speech and language therapists, and pharmacist when required. The systems in place for checking the quality and safety of the service were not always effective as they failed to identify the shortfalls in practices detailed in this report. Shortfalls were identified in relation to infection control, the management of risk, care plans, consent, and fire safety. People and relatives spoke positively about the service. Comments included "Everything is good, no improvements needed", and "I think it's all very good. They are all very willing and are all nice".		
Participated in Well Led Programme?	**No**	
PAMMS Assessment – Date (Published) / Rating	**21/02/2023**	**Requires Improvement**

Provider Name	**Mrs J Stead**	
Service Name	**Chestnut Lodge Nursing Home**	
Category of Care	**Residential / Nursing**	
Address	320 Norton Road, Norton, Stockton-on-Tees TS20 2PU	
Ward	**Norton South**	
CQC link	https://api.cqc.org.uk/public/v1/reports/4327edfd-eac4-4fde-bcad-14ae50b593ff?20230309130000	
	New CQC Rating	**Previous CQC Rating**
Overall	**Requires Improvement**	**Good**
Safe	**Requires Improvement**	**Good**
Effective	**Not inspected**	**Good**
Caring	**Not inspected**	**Good**
Responsive	**Not inspected**	**Good**
Well-Led	**Requires Improvement**	**Requires Improvement**
Date of Inspection	**6th February 2023** (focused inspection)	
Date Report Published	**9th March 2023**	
Date Previously Rated Report Published	**20th February 2018**	

Breach Number and Title

Regulation 12 HSCA RA Regulations 2014 Safe care and treatment

- The provider failed to ensure care and treatment was provided in a safe way.

Regulation 17 HSCA RA Regulations 2014 Good governance

- The provider did not have effective systems in place to monitor and improve the quality and safety of the service.

Level of Quality Assurance & Contract Compliance

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority

The manager has a good relationship with the Quality Assurance & Compliance (QuAC) Officer. The home's admin engages well with the Local Authority initiatives; they have worked on the DSPT, attends Provider Forums, and supported projects with the Transformation Managers.

The home is currently under target for NEWS usage.

Supporting Evidence and Supplementary Information		
Following a review of information held, the CQC carried-out a focused Inspection to review the key questions of 'Safe' and 'Well-Led'. The CQC identified breaches in relation to safe care and treatment, and the assessing and monitoring of quality and safety of the home. The CQC found the home ensured people received person-centred care, worked with families to achieve good outcomes, and had an open and transparent culture. The CQC found choking risks had not been managed safely; Nurses had introduced and prescribed the use of thickener without the direction or advice from the Speech & Language Therapy (SALT) Team. Effective fire safety plans were not in place, fire safety documentation was not readily available, and fire drills had not been completed in-line with the provider's policy. Although permanent staff were recruited safely, safe procedures were not in place for the use of agency staff, and the home did not have robust protocols for checking the identify of agency staff. The CQC found the provider did not have effective monitoring systems in place to monitor and improve the quality and safety of the service; the lack of systems and procedures in the areas mentioned above had not been recognised or identified by either the Registered Manager or the provider. The home was found to be working within the principles and of MCA. Best Interest decisions and DoLS were recorded and monitored. Medications were managed safety and audits were effective. Staff had completed safeguarding training and the CQC was assured the home was preventing and controlling infections.		
Participated in Well Led Programme?	**Yes**	
PAMMS Assessment – Date (Published) / Rating	**25/10/2022**	**Good**

Provider Name	**Akari Care Limited**	
Service Name	**Piper Court**	
Category of Care	**Nursing / Residential / Functional Mental Health**	
Address	Sycamore Way, Stockton-on-Tees TS19 8FR	
Ward	**Hardwick & Salters Lane**	
CQC link	https://api.cqc.org.uk/public/v1/reports/9073ff83-3b99-4f08-aa7c-2ce47cb40d5f?20230504120000	
	New CQC Rating	**Previous CQC Rating**
Overall	**Requires Improvement**	**Requires Improvement**
Safe	**Requires Improvement**	**Requires Improvement**
Effective	**Not inspected**	**Not inspected**
Caring	**Not inspected**	**Not inspected**
Responsive	**Not inspected**	**Not inspected**
Well-Led	**Requires Improvement**	**Requires Improvement**
Date of Inspection	**1st, 3rd & 6th March 2023** (focused inspection)	
Date Report Published	**28th March 2023**	
Date Previously Rated Report Published	**12th January 2022**	

Breach Number and Title

Regulation 17 HSCA RA Regulations 2014 Good governance

- The provider had failed to keep complete, accurate and up-to-date records. This included records relating to medicines management, people's dietary requirements and the safety of the environment. 17(2)(c)(d)
- The provider's quality assurance system had failed to identify the concerns found during inspection. 17(2)(a)

Level of Quality Assurance & Contract Compliance

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority

The provider's level of engagement with the Local Authority requires improvement; there has been a lack of a consistent Registered Manager in the home which has been a contributing factor. As a further result of this, the home has not been able to participate in the Well Led Programme.

There is consistent poor engagement with the National Early Warning System (NEWS) which is regularly monitored by the Quality Assurance & Compliance (QuAC) Officer with support from relevant health colleagues.

The home has also not engaged with any network or local initiatives which the Local Authority provides and supports.

The home continues to engage with the Local Infection Prevention and Control Nurse.
Supporting Evidence and Supplementary Information
A CQC focused inspection was undertaken to review the key questions of 'Safe' and 'Well Led'. The report highlights concern in relation to accurate record-keeping in relation to the management of medicines. Medicines records were not always accurate or up-to-date. The management of risk around people's dietary requirements was not always clearly documented. Information on how people took their medicines was not always clearly documented to support staff to administer them correctly. Guidance and records were not always consistent around how often people's creams should be applied. Guidance for 'as and when needed medication' was unclear and further information was needed for the variable doses. The reason for administering when required medicines was not always noted and the outcome was not always recorded to review effectiveness. The CQC found the service was working within the principles of the MCA and appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. The provider conducted checks including Disclosure and Barring Service checks and obtained references before new staff were employed. Staffing levels were calculated using a dependency tool. This worked out the number of staff needed to meet the needs of the people living at Piper Court, and each shift was then staffed accordingly. The provider was recruiting for new staff, so at times agency staff were used to cover shifts to ensure sufficient staff were always available. Accidents and incidents were monitored to identify any areas of concern. Appropriate referrals were made to agencies such as the Falls Team. Patterns and trends were looked for so lessons could be learned, and any necessary changes made going forward. The new Manager acknowledged areas where improvements were required. They were working on an Action Plan to address concerns and had the support of the provider with this. The CQC found there was a positive culture within the home and an atmosphere where people who used the service, and staff, felt valued. The CQC found the Manager and wider management team to be open and honest throughout the inspection. The provider was responsive to feedback and keen to make the required improvements. Managers and staff were clear about their roles and understanding quality performance, risks and regulatory requirements. Records were not always accurate or complete. This included care plans, medicines records and maintenance checks. The provider's quality assurance systems had not been effectively implemented. The audits and checks being undertaken had failed to identify all of the issues the CQC found during this inspection.

Participated in Well Led Programme?	**No**	
PAMMS Assessment – Date (Published) / Rating	**10/03/2023**	**Good**

PRIMARY MEDICAL CARE SERVICES

Provider Name	**Queenstree Practice**	
Service Name	**Queenstree Practice**	
Category of Care	**Doctors / GPs**	
Address	The Health Centre, Queensway, Billingham, Stockton-on-Tees TS23 2LA	
Ward	**Billingham Central**	
CQC link	https://api.cqc.org.uk/public/v1/reports/18d829a2-e4cf-40b5-9dca-268a40367e90?20230109150038	
	New CQC Rating	**Previous CQC Rating**
Overall	**Good**	**Good**
Safe	**Good**	**Good**
Effective	**Good**	**Good**
Caring	**Not inspected**	**Good**
Responsive	**Not inspected**	**Good**
Well-Led	**Good**	**Good**
Date of Inspection	**14th, 15th & 30th November 2022** (focused inspection)	
Date Report Published	**9th January 2023**	
Date Previously Rated Report Published	**29th June 2016**	

Further Information

The practice is located in Billingham Health Centre, Billingham and provides primary medical care services to patients living in the surrounding areas of Billingham. The practice is based on the ground floor and shares the premises with a health centre and other healthcare professionals. The practice provides services to around 4,100 patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

This inspection was a focused inspection carried out in line with the CQCs inspection priorities. It was carried out in a way which enabled the CQC to spend a minimum amount of time onsite. This was with consent from the provider and in line with all data protection and information governance requirements.

The CQC found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff were appropriately trained to carry out their roles.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

Whilst the CQC found no breaches of regulations, the provider should:

- Improve processes so that staff who require Disclose and Barring Service (DBS) checks receive or update them when required.
- Improve processes so that all structured medication reviews are completed at appropriate intervals in line with national guidance.
- Seek ways of introducing a Patient Participation Group (PPG) to encourage patient feedback and involvement.

Details of the CQCs findings and the evidence supporting its ratings are set out in the evidence tables accompanying the published report for this provider on the CQC website – see https://s3-eu-west-1.amazonaws.com/dpub.evidence/EYFLQSLATVPGB7/EYFLQSLATVPGB7-EA.pdf.

Provider Name	**Norton Medical Centre**	
Service Name	**Norton Medical Centre**	
Category of Care	**Doctors / GPs**	
Address	Billingham Road, Norton, Stockton-on-Tees TS20 2UZ	
Ward	**Norton North**	
CQC link	https://api.cqc.org.uk/public/v1/reports/7c49222a-c65a-4eaf-be3a-56f4d281136e?20230113080046	
	New CQC Rating	**Previous CQC Rating**
Overall	**Good**	**Good**
Safe	**Good**	**Good**
Effective	**Good**	**Good**
Caring	**Not inspected**	**Good**
Responsive	**Requires Improvement**	**Good**
Well-Led	**Good**	**Good**
Date of Inspection	**15th, 16th & 30th November 2022** (focused inspection)	
Date Report Published	**13th January 2023**	
Date Previously Rated Report Published	**3rd December 2015**	

Further Information

The practice is located in Norton Medical Centre, Norton, and provides primary medical care services to patients living in the surrounding areas of Norton. The practice is based on 3 floors, Nursing on the ground floor, GPs on the first level floor, and management and administration on the top floor. It offers on-site parking, disabled parking, a disabled WC, lift facilities, wheelchair and step-free access. The practice provides services to around 17,200 patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

This inspection was a focused inspection carried out in line with the CQCs inspection priorities. It was carried out in a way which enabled the CQC to spend a minimum amount of time onsite. This was with consent from the provider and in line with all data protection and information governance requirements.

The CQC found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients experienced poor access however, the provider was committed to exploring ways at addressing this.
- Patients received effective care and treatment that met their needs.
- Staff were appropriately trained to carry out their roles.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

Whilst the CQC found no breaches of regulations, the provider should:

- Ensure that a risk assessment is carried out for all staff that are not required to complete a DBS check.
- Continue to monitor and reduce summarised patient notes.
- Continue to monitor and seek improvements for appointments and access in line with new and emerging technologies.

Details of the CQCs findings and the evidence supporting its ratings are set out in the evidence tables accompanying the published report for this provider on the CQC website – see https://s3-eu-west-1.amazonaws.com/dpub.evidence/A9T42P2DTQAFGV/A9T42P2DTQAFGV-EA.pdf.

HOSPITAL AND COMMUNITY HEALTH SERVICES
(including mental health care)

Provider Name	**North East Ambulance Service NHS Foundation Trust**	
Service Name	**North East Ambulance Service NHS Foundation Trust**	
Category of Care	**Ambulance Service**	
Address	Ambulance Headquarters, Bernicia House, Goldcrest Way, Newburn Riverside, Newcastle-Upon-Tyne NE15 8NY	
Ward	**n/a**	
CQC link	https://api.cqc.org.uk/public/v1/reports/857fc7df-c6e9-495b-ac23-d519497e7eaf?20230216100442	
	New CQC Rating	**Previous CQC Rating**
Overall	**Requires Improvement**	**Good**
Safe	**Requires Improvement**	**Good**
Effective	**Requires Improvement**	**Good**
Caring	**Good**	**Good**
Responsive	**Good**	**Good**
Well-Led	**Inadequate**	**Good**
Date of Inspection	**26th – 28th July & 13th – 15th September 2022**	
Date Report Published	**2nd February 2023**	
Date Previously Rated Report Published	**10th January 2019**	

Further Information

The North East Ambulance Service NHS Foundation Trust (NEAS) provides an emergency ambulance service 24 hours a day, 365 days a year across the North East of England. The Trust has just under 3,500 staff and volunteers, 55 ambulance stations and has a fleet of over 600 vehicles. Every year, Trust staff answer over half a million 999 calls and almost 1 million 111 calls, and transport around 300,000 patients to hospital and completes more than 500,000 PTS journeys.

The CQC carried out this unannounced inspection of as part of its continual checks on the safety and quality of healthcare services. They inspected Emergency and Urgent Care, the Emergency Operations Centre and the NHS 111 service. They also inspected the 'Well-Led' key question for the Trust overall, but did not inspect PTS or Resilience (HART) services at this inspection.

The rating of services went down. Key findings included:

- Leaders did not always understand or manage all of the priorities and issues the service faced and governance processes did not operate effectively across the organisation to ensure risk and performance issues were identified, escalated appropriately, managed and addressed promptly. The CQC were not assured the board had sufficient oversight and

focus on the operational risks or had effective systems to ensure incidents were consistently reported in line national patient safety reporting guidelines.

- Although staff were focused on the needs of patients receiving care, they did not always feel respected, supported and valued. Some staff told the CQC they did not feel they could raise concerns without fear of blame or reprisal and the Trust did not have effective systems to seek and act upon feedback from staff and other relevant persons.

- Although leaders actively and openly engaged with patients, equality groups, the public and local organisations to plan and manage services, engagement with staff was less robust.

- The portfolios for executive leaders were large and corporate services teams lacked capacity to be able to provide appropriate support. There were also limited succession plans to support staff to develop their skills and take on more senior roles.

- Services did not always have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Although the Trust had a workforce plan and had secured additional funding to increase the number of staff in patient facing roles, the Emergency Operations Centre did not have enough health advisors or clinical staff, and the CQC were not assured advanced call-handler experts had received appropriate training or competency assessments.

- The Trust monitored agreed response times to facilitate good outcomes for patients however, although the Trust was one of the top performing ambulance services in the country for its response time to category one calls, performance did not meet the national target against this and other call category standards.

- The Trust aimed to provide the right care in a timely way and prioritised life-threatening responses, however people could not always access the service when they needed it, in line with national standards.

- Systems and processes for continually learning and improving services were not robust. Learning from complaints and incidents was not embedded across the Trust and the pace of delivering improvement was slow.

Following this inspection, the CQC served the Trust with a notice under Section 29A of the Health and Social Care Act 2008. They told the Trust it needed to make the following significant improvements: (1) to ensure governance systems operated effectively; (2) in listening, responding, and acting upon feedback from staff and other relevant persons; (3) in incident reporting, investigating and monitoring of actions to prevent re-occurrence ensuring improvements are made as a result; (4) in medicines management to reduce risks to patients.

APPENDIX 2

PAMMS ASSESSMENT REPORTS
(for Adult Services commissioned by the Council)

Provider Name	**Oxbridge Care Limited**	
Service Name	**Windsor Court Residential Home**	
Category of Care	**Residential / Residential Dementia**	
Address	44-50 Windsor Road, Oxbridge, Stockton-on-Tees TS18 4DZ	
Ward	**Parkfield & Oxbridge**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Requires Improvement**
Involvement & Information	**Good**	**Requires Improvement**
Personalised Care / Support	**Good**	**Requires Improvement**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**12th, 14th & 16th September 2022**	
Date Assessment Published	**4th January 2023**	
Date Previous Assessment Published	**3rd February 2022**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Following the last PAMMS assessment, the Provider had really engaged and put a lot of work into improving the areas that were assessed previously as 'Requires Improvement'.

A lot of research and time had been invested into the development of some new excellent Mental Capacity Act Assessment and Best Interest decision support tools, that have been integrated within care plans. The staff also had an excellent understanding of the principles of the Mental Capacity Act and how this was used within the home to support residents with a least restrictive practice (i.e. try liquid medication rather than tablets before considering covert process). This was also evidenced during the assessment when a staff member wrote down her question on a note pad to ensure that a lady who had hearing difficulties could understand the questions around her medication, and then make her own decision.

Staff also had a very good understanding of the Safeguarding and Whistleblowing Procedures, and were able to confidently explain the processes and who they could report to outside of the organisation.

The Provider had put some thought into the Service User Guide and has it in a variety of formats to make understanding it easier for residents.

It was evidenced that they do need to improve their data security as some offices were left open and computers unlocked when they were left unattended (but not all offices), and data was left out unsecured in the home.		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
The Provider will complete an Action Plan to address areas identified for improvement which will be monitored by the Quality Assurance and Compliance (QuAC) Officer.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The Provider engages well with the QuAC Officer – both Owner and Manager. The Provider had good engagement with the Transformation Managers, engaging fully in all initiatives.		
Current CQC Assessment - Date / Overall Rating	**05/10/2018**	**Good**

Provider Name	**Nationwide Healthcare Limited**	
Service Name	**Ashwood Lodge Care Home**	
Category of Care	**Residential / Residential Dementia**	
Address	Bedale Avenue, Billingham, Stockton-on-Tees TS23 1AW	
Ward	**Billingham South**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Poor**	**Requires Improvement**
Involvement & Information	**Requires Improvement**	**Requires Improvement**
Personalised Care / Support	**Requires Improvement**	**Good**
Safeguarding & Safety	**Requires Improvement**	**Requires Improvement**
Suitability of Staffing	**Poor**	**Good**
Quality of Management	**Requires Improvement**	**Good**
Date of Inspection	**7th – 9th November 2022**	
Date Assessment Published	**10th January 2023**	
Date Previous Assessment Published	**14th October 2021**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

There were four areas which received scores of 'Poor' within this assessment:

Care plans: Care plans were not available for some of the residents and had been archived for several months. Care plans had not been reviewed for several months and lacked personalised information from residents, and there was lack of evidence of consent to confirm residents' involvement and agreement with the care plans for their care. We found that some care plans that had been reviewed with updated comments had not had the updated care comments transferred into the main body of the care plan.

Staff: Due to the Manager covering so many care shifts (rather than use Agency staff), staff had not had regular supervisions and no appraisals had been completed within the last 12 months.

Recruitment: There were no Profiles or records of Inductions for new Agency staff who had come into the home, which placed the residents at risk. However, the Manager had obtained the Profiles of regular / past Agency workers, had developed a full Agency Induction template, and created a dedicated file before the PAMMS assessment was concluded.

Training: The level and frequency of training undertaken did not meet contractual requirements. The Manager did acknowledge this and was trying to source all free training available, as she reported that she was not able to obtain a training budget from the Owners to buy-in appropriate training.

There were significant concerns with the environment, which was tired and in need of refurbishment, that was not conducive to infection control management. The service did not have a full domestic team, which had impacted on cleaning schedules. Due to the scope of the PAMMS questions and the range of elements within, this question was actually scored as 'Requires Improvement' due to the service meeting other contractual elements within this

question (i.e. COSHH file was up-to-date and complete and the service also engages with IPC Assurance Programme with IPC Nurse at North Tees).

Medication was stored appropriately, and observations of medication rounds evidenced a caring and safe administration process. However, there was limited evidence of resident involvement in their medication management and some residents did not have appropriate MCA documentation in place when decisions were being made on their behalf.

It must be noted that the residents, families and visiting professionals could not speak highly enough of the care within the service and were extremely complimentary of the staff and the Manager.

Plans and Actions to Address Concerns and Improve Quality and Compliance

A Responding To and Addressing Serious Concerns Protocol (RASC) meeting was held on 11th January 2023 and the home has now been placed into the RASC process following a review the areas of concern highlighted in the PAMMS assessment and subsequent visits from other professionals (Infection Control Team and Environmental Health).

Quality Assurance and Compliance (QuAC) Officer will monitor progress against all areas identified as needing improvement during contract visits and additional Action Plan monitoring visits.

Level of Quality Assurance & Contract Compliance Monitoring

Level 3 – Major Concerns (Enhanced Monitoring / Proactive Intervention)

Level of Engagement with the Authority

The Manager has a very good level of engagement with the Authority; however, they are leaving their post on Friday 13th January 2023. We have been informed that the Owner has employed a consultant to oversee the service in the interim.

This service does not engage with the Transformation Manager programmes and meetings.

Current CQC Assessment - Date / Overall Rating	**27/09/2019**	**Good**

Provider Name	**Care UK Community Partnerships Ltd**	
Service Name	**Hadrian Park**	
Category of Care	**Residential / Residential Dementia**	
Address	Marsh House Avenue, Billingham, Stockton-on-Tees TS23 3DF	
Ward	**Billingham East**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**12th December 2022**	
Date Assessment Published	**25th January 2023**	
Date Previous Assessment Published	**15th November 2021**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans were observed to contain a wealth of information that is person-centred, such as preferences and views. Care plans prominently displayed assessments of mental capacity and decisions are made in the residents' best interests. Any such decisions had been carefully discussed with all relevant parties and accurately documented. Pre-admission and admission assessments, which matched resident care plans, made clear mention of residents' medical conditions and needs. All care plans contained pertinent risk assessments as well as care and support strategies to manage the resident's needs and risks.

Positive comments from residents were received, and it was clear from observations that overall wellbeing was being maintained.

In key areas, employees demonstrated high knowledge and understanding, and they reported feeling encouraged and supported by management.

Systems were in place to safeguard people from abuse and to ensure safe of workforce recruitment. The home is neat, tidy, and well-kept. Staff members were observed following infection control precautions. Medicines were kept in good order and were assessed by the Quality Assurance and Compliance (QuAC) Officer and the NECS Medicine Optimisation Team.

Staffing rotas indicated that there were enough employees on duty who had the required knowledge, training, and experience to deliver care and assistance in an efficient manner.

Records show that the provider frequently collects and assesses information on the quality of services provided to ensure that residents receive effective and safe care and support.

Plans and Actions to Address Concerns and Improve Quality and Compliance		
The provider will complete an Action Plan for all questions identified as 'Requires Improvement' and the QuAC Officer will monitor this progress through contract visits.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider has an open and transparent relationship with the QuAC Officer and responds to requests for information in a timely manner. Hadrian Park are positive with engagement, they attend groups, have taken part in the Management Skills Development programme and often share good news stories. They attend NTHEA training and NEWS scores are completed in line with requirements.		
Current CQC Assessment - Date / Overall Rating	**23/02/2018**	**Good**

Provider Name	**T.L. Care Limited**	
Service Name	**Ingleby Care Home**	
Category of Care	**Residential / Residential Dementia**	
Address	Lamb Lane, Ingleby Barwick, Stockton-on-Tees TS17 0QP	
Ward	**Ingleby Barwick West**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Requires Improvement**	**Good**
Involvement & Information	**Requires Improvement**	**Good**
Personalised Care / Support	**Requires Improvement**	**Good**
Safeguarding & Safety	**Requires Improvement**	**Good**
Suitability of Staffing	**Requires Improvement**	**Requires Improvement**
Quality of Management	**Good**	**Good**
Date of Inspection	**23rd November 2022**	
Date Assessment Published	**31st January 2023**	
Date Previous Assessment Published	**24th March 2022**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Since the last assessment, the provider had maintained a 'Good' in 'Quality of Management'. However, there has been a move to 'Requires Improvement' across the other domains.

We found that service-users were generally happy and they advised that staff treat them with dignity and respect, however staff were observed not always offering choice. Service-users were confident that they would raise concerns if required. Feedback from those who use the services was sought, and the provider maintained links to the local community.

The provider displayed relevant information correctly and was analysing information well to help to improve service delivery.

There were concerns identified with the environment and infection prevention control which has resulted in a 'Poor' for the relevant standard of the assessment. Attention is required to the décor of the home and the environment. A poor standard of flooring was identified which had deteriorated and is harbouring bad odours which is contributing to the malodour of the home.

The provider has had difficulties with housekeeping staff, with both recruitment and retention of staff, which has contributed to the issues identified. This has had a detrimental effect on the care staff. Staff feedback raised concerns with time pressures to deliver care and support in other areas of the home.

Improvements were identified as required in relation to both medication management and the safe handling of medication.

Staffing levels were safe and staff training met contractual requirements.

Plans and Actions to Address Concerns and Improve Quality and Compliance		
The provider will create a draft Action Plan for review by the Quality Assurance and Compliance (QuAC) Officer which will then be approved and monitored until completion through contractual visits and reviews.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 2 – Moderate Concerns (Supportive Monitoring)		
Level of Engagement with the Authority		
The provider continues with a lack of engagement with the NEWS scores. The manager had previously attended the 'Well Led' course and attends the provider forums. The provider engages well with the IPC nurse and the NECS Medicine Optimisation Team. The provider engages well with the QuAC Officer.		
Current CQC Assessment - Date / Overall Rating	**04/08/2018**	**Good**

Provider Name	**Akari Care Limited**	
Service Name	**Ayresome Court**	
Category of Care	**Nursing Residential**	
Address	Green Lane, Yarm, Stockton-on-Tees TS15 9EH	
Ward	**Yarm**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Requires Improvement**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**11th January 2023**	
Date Assessment Published	**1st February 2023**	
Date Previous Assessment Published	**15th February 2022**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

During the assessment we found there was evidence that Service users spoken to were supported to maintain relationships with family, friends, and the community in which they live.

There were excellent examples of the provider using appropriate formats to help both staff and service users communicate effectively. One service user who was nonverbal due to a recent health condition, was provided with pictorial cues to help with communication. These pictures included: bed/tired/drink/food etc. The home included any individual communication needs within the resident's care plan for example one service user used PECS, photos and symbols to support his communication. The home has also supported a referral for an electronic devise to support communication however after initial assessment was not deemed suitable.

There was excellent evidence of an effective key worker system, and the provider was able to evidence how families, staff and service users had played a role in deciding their key workers.

Appropriate records were not always maintained with reference to professionals' visits and their update/feedback from those visits.

The Provider showed excellence in Staff & Deployment, in particular staff training and safe staffing levels.

Daily Notes required improvement in the level of detail recorded.

Overall, a positive assessment for Ayresome Court; Staff and Service Users were happy with the care they received and delivered, and the place in which they work and live. Ayresome Court were able to maintain good levels of care following a change of management since the last assessment.

Plans and Actions to Address Concerns and Improve Quality and Compliance		
There is a very small action plan which has the provider has already commenced. The actions include Improvements in Daily Records and their accuracy and Safe Handling, and Safe Storage of Medication. This will be monitored by the Quality Assurance and Compliance Officer (QuAC).		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider has a good level of engagement with the local authority. They have completed their DPST tool kit. The manager engages well with the QuAC officer and the NECS Medicines Optimisation Team and regularly attends the provider forums. There is positive engagement with the use of the NEWS kit. The manager has completed this year's cohort of the Well Lead programme.		
Current CQC Assessment - Date / Overall Rating	**26/02/2020**	**Good**

Provider Name	**Cleveden Care Limited**	
Service Name	**Teesdale Lodge Nursing Home**	
Category of Care	**Residential / Nursing / Nursing Dementia**	
Address	Radcliffe Crescent, Thornaby, Stockton-on-Tees TS17 6BS	
Ward	**Mandale & Victoria**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**26th & 27th October & 3rd November 2022**	
Date Assessment Published	**10th February 2023**	
Date Previous Assessment Published	**16th November 2021**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

The Provider has maintained a rating of 'Good' across all domains within this PAMMS assessment.

There were a couple of questions that were rated as 'Excellent'. One of those was for the staff knowledge and understanding of the MCA and DoLS process, and the other was for the staff supporting the residents to understand their own medication and actively supporting them to be involved in the management of their own medication (e.g. talking through new medication with residents and offering to contact GP for the resident with their queries).

There were two areas which were identified as 'Requiring Improvement'. One area was the staff knowledge around the Business Continuity Plan, and the other was the environment and decor around the home, especially the dementia unit. There was evidence that some level of improvements had been made (i.e. improved signage and lighting), however there was still substantial work to be done to improve the general décor to be more dementia friendly.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The Provider will complete an Action Plan for all questions identified as 'Requires Improvement' and the Quality Assurance and Compliance (QuAC) Officer will monitor this progress through contract visits.

Level of Quality Assurance & Contract Compliance Monitoring

Level 1 – No Concerns / Minor Concerns (Standard Monitoring)

Level of Engagement with the Authority		
The Provider engages very well with the Local Authority through Leadership and Peer Support Network, Activity Co-ordinators Network, Provider Forums and completed DSPT. They maintain very open and honest communication with the QuAC Officers, and good engagement with the Transformation Managers. Excellent engagement with NTHEA Training Alliance and are the top Provider for using NEWS kits, evidencing the most frequent usage figures.		
Current CQC Assessment - Date / Overall Rating	**03/09/2019**	**Good**

Provider Name	**Teesside Healthcare Limited**	
Service Name	**Churchview Nursing and Residential Home**	
Category of Care	**Nursing / Residential**	
Address	Thompson Street, Stockton-on-Tees TS18 2NY	
Ward	**Stockton Town Centre**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Requires Improvement**	**Requires Improvement**
Involvement & Information	**Requires Improvement**	**Good**
Personalised Care / Support	**Requires Improvement**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Requires Improvement**	**Requires Improvement**
Quality of Management	**Requires Improvement**	**Requires Improvement**
Date of Inspection	**25th January 2021**	
Date Assessment Published	**21st February 2023**	
Date Previous Assessment Published	**23rd February 2022**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans did not always include appropriate person-centred information. There was some evidence observed of lovely person-centred information which was written in the first person, but this was not consistent across all of care plans. There was insufficient evidence to be assured that service-users, along with their families, had helped to shape the care plans or had been involved in their development. There was little evidence that care plans had been signed / agreed by the service-user (or appropriate representative).

Service-users were not aware of who their key worker was, despite the information being documented in their care plans. Service-users felt safe and supported in the home and were confident in raising concerns to the provider.

Staff were not confident in questioning around the principles of the Mental Capacity Act, but were knowledgeable of which service-user had DoLS in place and what this meant. Staff feedback was mixed in relation to supervision, staff support and an awareness of internal policies. Staffing levels were sufficient and in-line with the providers dependency tool; staff supported that their staffing levels were sufficient through discussions.

Relevant risk assessments had been completed, including choking, falls, self-neglect, safe environment, mobilisation and assessments tools such as MUST and Waterlows which were completed for service-users and used to inform care plans.

Referrals to external professionals were made where concerns were identified.

There was a lack of evidence that the provider had conducted a range of regular, organised meetings where service-users, relatives and staff were able to provide feedback, which was listened to, acted upon appropriately and people were kept informed of the outcome.

Recruitment records did not confirm that the organisation had carried-out all relevant employment checks when staff are employed. The provider was not meeting the Local Authority contract requirement for overall staff training.
Plans and Actions to Address Concerns and Improve Quality and Compliance
The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer, with supportive monitoring visits completed as appropriate. The home will continue to engage with the NECS Medicines Optimisation Team to support the home to make the necessary improvements.
Level of Quality Assurance & Contract Compliance Monitoring
Level 2 – Moderate Concerns (Supportive Monitoring)
Level of Engagement with the Authority
The provider is currently not receiving new placements from the older people's accommodation framework. However, engagement has remained positive. The service has been without a Registered Manager for many months which has contributed to the lack of implementation of improvements following the last PAMMS inspection. A Manager has since been recruited and a start date is pending. Engagement with NEWS is positive and the provider is completing about the minimum monthly requirement. Staff training engagement with North Tees Education Alliance is positive.

Current CQC Assessment - Date / Overall Rating	**02/03/2023**	**Requires Improvement**

Provider Name	**Stockton Care Limited**	
Service Name	**Cherry Tree Care Centre**	
Category of Care	**Residential / Residential Dementia**	
Address	South Road, Norton, Stockton-on-Tees TS20 2TB	
Ward	**Norton South**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Requires Improvement**	**Good**
Involvement & Information	**Requires Improvement**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Requires Improvement**	**Good**
Date of Inspection	**5th December 2022**	
Date Assessment Published	**22nd February 2023**	
Date Previous Assessment Published	**10th March 2022**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans did not always include appropriate person-centred information and were inconsistent with the level of detail and the tense in which they were written. There was evidence that service-users had been given information in appropriate formats and they confirmed that they are encouraged to provide feedback about how the service might be improved.

Through observation, there was evidence that staff understood when to obtain consent, verbal or implied, and how to document records of consent. Staff were able to describe how they ensure that the principles of the MCA are put into practice in their daily work.

There was evidence that the service-user's needs, together with any risks to their health and wellbeing, had been taken into account through the assessment process; however, there was evidence that care and support plans were not always regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks, and that these were not always effectively managed to keep the service-user safe.

Staff training in the service was impressive and stood above the contractual requirement.

The provider was not providing information about the quality of the service to people who use the service and sharing feedback from those who had taken part in sharing their views.

Feedback in relation to activities was positive, however, the provider was not recording activity engagement to evidence service-users' participation.

There were some improvements identified in relation to medicines management such as improvements with topical charts and handwritten entries.

Audits were being carried-out regularly but the provider was advised to increase the frequency of the audits to ensure clear oversight of quality.
Plans and Actions to Address Concerns and Improve Quality and Compliance
The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer, with supportive monitoring visits completed as appropriate. The home will continue to engage with the NECS Medicines Optimisation Team to support the home to make the necessary improvements.
Level of Quality Assurance & Contract Compliance Monitoring
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)
Level of Engagement with the Authority
The provider is engaging well with staff development opportunities; two places have been secured on the Medication Level 3 training and one place allocated for a member of staff to carry out the Level 3 Diploma in Adults social care qualifications. Cherry Tree are actively engaging in one-to-one support from the Transformation Team and has recently attended the Activity Forum. Engagement with the National Early Warning System (NEWS) is positive, as is the engagement with the Local Infection Prevention Control Nurses. Cherry Tree actively engage and respond well to the Quality Assurance & Compliance Officer. The Acting Manager (Deputy) is due to enrol on the next cohort of the Well-Led course.

Current CQC Assessment - Date / Overall Rating	**06/01/2023**	**Requires Improvement**

Provider Name	**Indigo Care Services Limited**	
Service Name	**Green Lodge**	
Category of Care	**Residential / Residential Dementia**	
Address	The Green, Billingham, Stockton-on-Tees TS23 1EW	
Ward	**Billingham South**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Requires Improvement**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Requires Improvement**	**Good**
Date of Inspection	**21st November 2022**	
Date Assessment Published	**1st March 2023**	
Date Previous Assessment Published	**24th May 2021**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

During the assessment, care plans were observed to clearly evidence resident involvement, and were person-centred, individual to residents, documenting their choices and preferences, and how they like staff to support them. Interactions with residents were positive, staff treat residents with dignity and respect, and promote independence.

The provider did not have in place an effective mechanism to collect low-level complaints / dissatisfaction; however, this was discussed at the time and a system was implemented before the end of the assessment.

Although staff were receiving regular supervision, the frequency was not in-line with contractual requirements.

Staff training is supported and promoted; at the time of the assessment, the overall training compliance was 97%, and the manager has also recently introduced additional training for staff around autism and learning disabilities.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The manager will complete an Action Plan for all the questions identified as 'Requires Improvement' and the Quality Assurance and Compliance (QuAC) Officer will monitor its progress through contract visits. The manager has already implemented some improvements for areas identified during the PAMMS assessment.

Level of Quality Assurance & Contract Compliance Monitoring

Level 1 – No Concerns / Minor Concerns (Standard Monitoring)

Level of Engagement with the Authority		
The current management have excellent communication levels with the QuAC Officer and have a very open and transparent relationship. The provider has some engagement with Local Authority initiatives; the manager has recently presented at a Leadership and Peer Support Network and has recently offered to be a mentor for a developing manager. The provider is also just under target with NEWS usage and aiming to achieve this moving forward.		
Current CQC Assessment - Date / Overall Rating	**30/09/2020**	**Good**

Provider Name	**St. Martin's Care Limited**	
Service Name	**Woodside Grange Care Home** (Older People's service only)	
Category of Care	**Residential / Nursing / Dementia**	
Address	Teddar Avenue, Thornaby, Stockton-on-Tees TS17 9JP	
Ward	**Stainsby Hill**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Requires Improvement**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Requires Improvement**	**Requires Improvement**
Safeguarding & Safety	**Requires Improvement**	**Good**
Suitability of Staffing	**Requires Improvement**	**Good**
Quality of Management	**Requires Improvement**	**Good**
Date of Inspection	**16th – 19th January 2023** (Older People's service only)	
Date Assessment Published	**2nd March 2023**	
Date Previous Assessment Published	**24th February 2022**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans in place were well organised, however the quality was not consistent across all care plans viewed, with documents in place not always seen to be fully completed. The home did not have specific DoLS care plans in place for those residents who had a DoLS authorisation, and information regarding DoLS was not always accurate in care plans (for example, reflecting correct LPA arrangements and any conditions).

Risk assessments were seen to be completed which informed the care plans, however the level of risk was not consistently completed to highlight the level of risk (i.e. low / medium / high).

Daily records were observed to not be completed in full; care plans and supporting risk assessment reviews were not consistently carried out.

Although the home had a variety of formats for resident information, these were not seen to be used consistently; on some unit's, food menus were not on display and others were not the correct day. Medications were not always administered in-line with prescribers' instructions, several gaps in administration were found, medication was not always ordered and available for residents, and medication audits were not robust enough.

The home environment was tired with visible marks and scuffs on wall, doors, skirting boards; some carpeted areas looking dirty. The environment was not observed to be in-line with effective infection control management, particular bathrooms in which flooring was coming away from walls, grout and silicone were showing signs of wear, and rust was present on radiators, commodes and bath chairs.

Dependency tool was not available to be viewed against staffing rotas to ensure appropriate staffing levels were in place to meet resident needs.

A number of health and safety service certifications were seen to be out-of-date. Feedback from residents was generally positive; residents felt they were well looked after and confirmed they were able to make their own choices and decisions. There has been a recent change in management; the deputy has taken on the managers post.
Plans and Actions to Address Concerns and Improve Quality and Compliance
The provider will complete an Action Plan to address areas identified as requiring improvement; progress will be monitored and validated through contractual visits. Support and follow-up with the Medicines Optimisation Team. Support visit from Infection Prevention Control Nurses.
Level of Quality Assurance & Contract Compliance Monitoring
Level 2 – Moderate Concerns (Supportive Monitoring)
Level of Engagement with the Authority
The provider has a good relationship with the QuAC Officer. The provider has a good level of engagement with Local Authority initiates. The provider has taken part in the Recruitment and Retention Programme, interviewing on the Sector-Based Work Academy Programme (SWAP) and took part in the Community Carnival. The provider is engaging with Alliance, however their NEWS usage is just below target. The provider has taken part in a meeting with Teesside University, however, has yet to take on any students and they have also looked at the Better Health at Work award but did not start the programme.

Current CQC Assessment - Date / Overall Rating	**27/01/2021**	**Good**

Provider Name	**Knights Care (2) Limited**	
Service Name	**The Maple Care Home**	
Category of Care	**Nursing / Residential / Dementia**	
Address	Dover Road, Stockton-on-Tees TS19 0JS	
Ward	**Newtown**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Requires Improvement**	**Requires Improvement**
Involvement & Information	**Requires Improvement**	**Requires Improvement**
Personalised Care / Support	**Good**	**Requires Improvement**
Safeguarding & Safety	**Requires Improvement**	**Requires Improvement**
Suitability of Staffing	**Requires Improvement**	**Requires Improvement**
Quality of Management	**Requires Improvement**	**Good**
Date of Inspection	**12th,13th & 14th December 2022**	
Date Assessment Published	**2nd March 2023**	
Date Previous Assessment Published	**27th August 2021**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Mental Capacity Assessments and documented Best Interest decisions were not consistently carried-out. DoLS conditions were not always noted in the care documentation and involvement of the RPR was not always evident.

Care plans were held in an electronic format, but they were very person-centred and include service-user's preferences around their care delivery. A food and nutrition plan for a service-user at risk of weight loss clearly listed foods that would encourage him to eat.

There were examples of service-users' choice being supported in a safe way. One service-user who likes to smoke is also on oxygen. The care plan evidenced the agreement they have in place to support his decision in the safest way possible.

Medication was being administered covertly without a covert medication agreement in place. There was no evidence of a pharmacist being involved to confirm how the medication should be given to maintain its pharmaceutical properties.

Room and fridge temperatures were recorded in the medication rooms; however, gaps were evident, and there was no action noted when temperatures were outside recommended guidelines. Fridge and ambient medication were checked for accurate labelling, opening and expiry dates; not all items were dated appropriately and two items of medication on the trolley were identified as out-of-date.

Medication records were held on an electronic system called Navimeds. Not all medication profiles were fully completed and there was no information detailing any support the service-user may need around medication. No dates were recorded with the service-users photograph and no confirmation that the image was a true likeness.

Some medication had not been administered as prescribed; on numerous occasions two doses of paracetamol had been given within four hours of each other. Staff performance management was inconsistent; supervision sessions had not been carried-out during the first six months of the year and no annual appraisals had taken place.		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer, with supportive monitoring visits completed as appropriate.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 2 – Moderate Concerns (Supportive Monitoring)		
Level of Engagement with the Authority		
The provider and the Manager engage well with the QuAC Officer and respond promptly to any requests for information. The Manager has limited engagement with the Local Authority initiatives.		
Current CQC Assessment - Date / Overall Rating	**05/10/2022**	**Requires Improvement**

Provider Name	**Vorg Hollies Ltd**	
Service Name	**The Hollies Residential Care Home**	
Category of Care	**Mental Health Residential**	
Address	447 Norton Road, Norton, Stockton-on-Tees TS20 2QQ	
Ward	**Norton North**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**31st January, 1st & 9th February 2023**	
Date Assessment Published	**3rd March 2023**	
Date Previous Assessment Published	**11th March 2022**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans were seen to be person-centred and reviewed regularly; care plans contained additional information regarding residents' diagnosis from NHS website.

Residents are encouraged to make their own choices, maintain relationships with family and friends, and access the local community. Residents are supported to make their own decisions and staff support residents to make informed lifestyle choices.

Observations of staff interactions demonstrated staff treat residents in a non-discriminatory manner, residents were treated with dignity and respect, and independence was promoted. Staff knew their residents well.

The home provided weekly key worker sessions with residents; residents can discuss their care plans and raise / discuss any preferences.

The handling and administration of medication was good.

The home is a relatively small home and is similar to a domestic home. The home was clean and tidy, however would benefit from a refresh.

The home ensures safe recruitment of staff and agency staff are not used. Staff confirm they feel supported, however frequency of staff supervision was not in-line with contractual requirements.

The provider gathers and evaluates information about the quality of services; the manager reviews all incidents / accidents to identify actions to prevent possible reoccurrence.

Plans and Actions to Address Concerns and Improve Quality and Compliance		
The home will complete an Action Plan for the two areas identified as 'Requires Improvement', which will be monitored through contractual visits.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider has a good level of engagement with the Quality Assurance and Compliance (QuAC) Officer. There has been a recent change in management – Nominated Individual, Manager and Deputy. The previous Manager has attended the Well Led programme, attends leadership and peer support sessions, and is always friendly and engaging.		
Current CQC Assessment - Date / Overall Rating	**27/09/2019**	**Good**

Provider Name	**Methodist Homes**	
Service Name	**Reuben Manor**	
Category of Care	**Residential / Dementia Residential**	
Address	654-656 Yarm Road, Eaglescliffe, Stockton-on-Tees TS16 0DP	
Ward	**Eaglescliffe**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**6th, 7th & 8th February 2023**	
Date Assessment Published	**9th March 2023**	
Date Previous Assessment Published	**30th March 2022**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans were seen to be person-centred and detail residents' preferences and abilities to promote and maintain independence skills and their likes / dislikes, hobbies and interests. Care plans are reviewed and updated regularly. Risk Assessments were in place and aligned with care plans.

Not all residents who were prescribed medication had a medication care plan in place which details how they like to take their medication.

Staff were observed to have positive and meaningful interactions; residents were treated with dignity and respect, staff were observed to promote independence, offer residents choices, and seek consent before providing care and support.

The home has two Activities Co-ordinators in place; one was on annual leave during the time of the assessment, however activities are also supported by the homes Chaplain and care staff. A good level and variety of activities were seen to be available to residents across the home. Staff were seen to be proactive in encouraging residents to participate in activities.

MCA and BI decisions were seen to be person-centred and decision specific.

The home environment is to a high standard including décor, furniture and fittings; the home was clean and tidy, with no infection control issues noted. The home was safe and secure; all relevant health and safety certification was seen to be in date and the Dementia unit was seen to be dementia-friendly.

The handling, administration and management of medication was to a good standard and were assessed by the Quality Assurance & Compliance (QuAC) Officer and the NECS Medicines

Optimisation Team. The home follows safe recruitment practice and staff are provided with the required training for their roles. Although there was evidence of staff receiving supervisions, the frequency was not in-line with contractual requirements – however, staff received annual appraisals. Appropriate staffing levels were seen to be in place. The manager completes a range of audits, monitors complaints and incidents, and feeds back findings and lessons learned in a monthly document shared with staff.
Plans and Actions to Address Concerns and Improve Quality and Compliance
There were only two areas identified as 'Requires Improvement' – the manager will complete an Action Plan to address these areas which will be monitored through reviews and contract visits.
Level of Quality Assurance & Contract Compliance Monitoring
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)
Level of Engagement with the Authority
The manager has a good, open relationship with the QuAC Officer. The manager has limited engagement with the Local Authority initiatives.

Current CQC Assessment - Date / Overall Rating	**17/12/2020**	**Good**

Provider Name	**Akari Care Limited**	
Service Name	**Piper Court**	
Category of Care	**Nursing / Residential / Functional Mental Health**	
Address	Sycamore Way, Stockton-on-Tees TS19 8FR	
Ward	**Hardwick & Salters Lane**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**6th February 2023**	
Date Assessment Published	**10th March 2023**	
Date Previous Assessment Published	**10th March 2022**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

There were some good examples of person-centred care planning identified and some lovely well detailed service-user biographies.

The provider evidenced some great examples of maintaining links with the community and community groups, family and friendships through activities and general day-to-day living. A new shop has been created in the home for service-users to visit.

There was evidence that service-users were consulted, and their views included, when considering service improvements and changes: two service-users travelled to a sister home and met with a supplier who were looking at developing corporate menus.

Service-users were kept informed of changes in the home and they had recently taken part in choosing their own key workers. There was a good embedded key worker process in place.

The home was well presented and had a lovely warm atmosphere.

Staff were knowledgeable about safeguarding, the different types of abuse, and their responsibilities in relation to safeguarding. Staff training compliance was excellent at 94% completion of mandatory training. However, staff knowledge around Mental Capacity required improvement.

Plans and Actions to Address Concerns and Improve Quality and Compliance

There were issues identified with medication management. Improvement was required in relation to appropriate records being maintained around the prescribing, administration, monitoring and review of medications. Staff were not always handling medicines safely, securely and appropriately.

This was discussed with the Manager and the Quality Assurance and Compliance (QuAC) Officer, and NECS Medicines Optimisation Team are currently supporting the Manager to make the necessary improvements. The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the QuAC Officer, with supportive monitoring visits completed as appropriate.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The Manager is new to her post at Piper Court but is familiar with the requirements of the Local Authority (LA). She has strong links with stakeholder professionals and health colleagues. The Manager has shown an interest in completing the Well Led Programme following discussions with the QuAC Officer. Piper Court staff maintain good engagement with the LA and there is a transparent and professional relationship. Engagement with the NEWS kit is currently being monitored due to historic poor engagement.		
Current CQC Assessment - Date / Overall Rating	**28/03/2023**	**Requires Improvement**

Provider Name	**Gradestone Limited**	
Service Name	**Roseworth Lodge Care Home**	
Category of Care	**Residential / Residential Dementia / Nursing**	
Address	Redhill Road, Stockton-on-Tees TS19 9BY	
Ward	**Roseworth**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**8th March 2023**	
Date Assessment Published	**16th March 2023**	
Date Previous Assessment Published	**25th March 2022**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans were of a satisfactory standard, but they were not always person-centred. Care plans sampled were detailed with how staff could deliver care, with details on health conditions and how these were to be managed, but did not always evidence a person-centred approach. Care plans were inconsistent with detail on how staff could maintain and promote service-users' independence or maintain current strengths.

Referrals to appropriate services (Dietician, SALT, FALLS) was evidenced when a need had been identified.

Service-users confirmed that they felt safe and knew how to raise any concerns if it was required.

Observation of staff interactions were positive and caring, and staff were knowledgeable of safeguarding and infection control processes and confirmed training was carried out and understood. Improvements were required around staff knowledge and confidence in Mental Capacity.

The response to activities in the home was mixed and a lack of activities was observed.

There was extensive decoration work being carried-out across all areas in the home, including the replacement of communal furniture. It is evident that the provider is financially investing in the home.

Medication management showed a vast improvement, and engagement with the Medicines Optimisation Team has been beneficial. Time-sensitive medication recording had improved, ensuring a correct interval are left between administrations, significantly reducing the risk of

overdosing. PRN protocols were in place and person-centred and storage of medications had improved.

Governance in the home has also shown improvements. The provider had implemented a care planning tool which was not previously in place. This allowed them more oversight into the content and quality of care plans. The frequency of existing audits had been increased to allow issues to be raised and addressed sooner.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance & Compliance (QuAC) Officer, with supportive monitoring visits completed as appropriate.

Level of Quality Assurance & Contract Compliance Monitoring

Level 1 – No Concerns / Minor Concerns (Standard Monitoring)

Level of Engagement with the Authority

Engagement with the NEWS kit is excellent.

The provider is in the process of completing the annual IPC audit with the Infection Prevention and Control Nurses, and often approaches them for advice.

The Manager has previously completed the Well Led Programme and engages well with the QuAC Officer.

Current CQC Assessment - Date / Overall Rating	**06/12/2022**	**Inadequate**

Provider Name	**Edwardian Residential Care Homes Limited**	
Service Name	**Edwardian**	
Category of Care	**Residential Mental Health / Learning Disabilities**	
Address	72 Yarm Road, Stockton-on-Tees TS18 3PQ	
Ward	**Parkfield & Oxbridge**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Requires Improvement**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**7th February 2023**	
Date Assessment Published	**27th March 2023**	
Date Previous Assessment Published	**18th March 2022**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans included appropriate person-centred information on how staff can support service-users in their preferred choices; both physical and emotional needs were clearly recorded. Care plans were written in the first person 'what works for me', and bubble diagrams are used for service-users to highlight events that have been significant to them and achievements that they are proud of.

Service-users spoken with confirmed that they are treated with dignity and respect, and that staff and management support them to maintain their privacy and independence. Staff were observed to have a good rapport with the service-users, with interaction very relaxed and often jovial.

The home has a dedicated Activity Co-ordinator who, when spoken with, was clearly very enthusiastic about the role and the positive impact stimulation had on the service-users. During the assessment, the Activity Co-ordinator was observed carrying out one-to-one activities with service-users in the garden room and also a group session of bingo.

All service-users spoken with were aware of their care plans and there was clear evidence of their involvement in developing them. Monthly reviews carried-out were signed as evidence of involvement and confirmation of agreement. All service-users at the home have capacity to make decisions around their own care, but with consent, the provider ensures that other relevant stakeholders are also involved.

Staff were observed to handle medication safely and appropriately during administration, maintaining good infection control processes and using PPE appropriately. The service-users are very aware of their own medication and were observed discussing their medication with the staff.

The Edwardian is a small home with a small staff team and very low staff turnover. Two recruitment files were reviewed for the latest recruit and a long-serving staff member. The recruitment process for the newest staff member evidenced that action points from the previous PAMMS had been embedded in practices. Staff felt that their opinions and ideas were valued by management and confirmed that there was plenty of opportunity to give feedback, such as supervisions, staff meetings and a WhatsApp group. Monthly fire drills were carried-out and recorded; documentation would be enhanced by including who has participated and the exact length of time the evacuation took to complete. A range of 'walk arounds' and audits are carried-out by the Manager and Deputy Manager; the documentation of findings is variable and should include actions which are signed-off when complete.
Plans and Actions to Address Concerns and Improve Quality and Compliance
The provider will complete an Action Plan to implement suggestions made in the report.
Level of Quality Assurance & Contract Compliance Monitoring
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)
Level of Engagement with the Authority
The provider engages well with the Quality Assurance and Compliance (QuAC) Officer and Transformation Managers. The Manager has completed the Well Led Programme.

Current CQC Assessment - Date / Overall Rating	**07/03/2018**	**Good**

Provider Name	**Allison House Thornaby Limited**	
Service Name	**Allison House Care Home**	
Category of Care	**Dementia Residential and Nursing**	
Address	Fudan Way, Thornaby, Stockton-on-Tees TS17 6EN	
Ward	**Mandale & Victoria**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Requires Improvement**	**Good**
Involvement & Information	**Requires Improvement**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Requires Improvement**	**Good**
Suitability of Staffing	**Requires Improvement**	**Requires Improvement**
Quality of Management	**Requires Improvement**	**Good**
Date of Inspection	**6th March 2023**	
Date Assessment Published	**29th March 2023**	
Date Previous Assessment Published	**8th October 2021**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Medication was kept securely; the trolleys were clean and organised and were not left open or unattended. The medication was administered by nurses who wore a red tabard to indicate that they should not be disturbed. During one of the observations, the nurse was seen to administer medication to several service-users wearing the same pair of gloves, and to touch the thickening powder without observing correct hand hygiene.

Not all staff confirmed that they had received MCA / DoLS training. A nurse on duty stated she had not received any MCA / DoLS or Safer People Movement training.

Service-users' well-being is monitored through the completion of M.U.S.T. Braden Scale and the Abbey pain scale. These are all carried-out and documented monthly. PEEPs are in place for all service-users and are reviewed monthly or upon any change that may affect safe evacuation.

The home uses carehome.co.uk to solicit feedback and visitors are encouraged to submit a review; copies of the reports are displayed within the home. A customer satisfaction questionnaire was completed in April 2022; findings reported in bar charts with comments made documented. However, no actions were formulated from the findings, and it is recommended that the Manager re-commences the 'you said we did' report.

The home requires a robust quality assurance system to identify areas of concern or non-compliance. A range of appropriate audits should be introduced for all areas of service delivery; findings should be analysed, and Action Plans developed. Action Plans should include timescales, who will carry-out the action, and should be signed-off upon completion.

Nurse's pin numbers were seen to be checked as part of the recruitment process, but a regular review was not in place. It was suggested that a matrix should be put in place to record when a nurse's pin number was issued and the renewal date.

Plans and Actions to Address Concerns and Improve Quality and Compliance		
The provider will complete an Action Plan to address the areas identified as requiring improvement; progress will be monitored and validated through contractual visits.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 2 – Moderate Concerns (Supportive Monitoring)		
Level of Engagement with the Authority		
The provider and the Manager engage well with the Quality Assurance and Compliance (QuAC) Officer and respond promptly to any requests for information. The Manager has attended the Well Led Programme but has not had any recent engagement with the Transformation Team.		
Current CQC Assessment - Date / Overall Rating	**30/07/2022**	**Good**

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Agenda Item 7

Agenda Item

Adult Social Care and Health Select Committee

18 July 2023

REGIONAL HEALTH SCRUTINY UPDATE

Summary

The Committee is requested to consider an update on the work of the regional health committees.

Detail

Tees Valley Joint Health Scrutiny Committee

1. Darlington Borough Council hosted (providing the Chair and support function) this Committee during 2022-2023.

2. The last meeting was held on 17 March 2023 (*note: the meeting was not quorate*) and included the following agenda items:

   - Minutes of the meeting held on 16 December 2022 (see **Appendix 1**)
   - NHS England (North East and Yorkshire): Update on NHS Dental Services (see **Appendix 2** for presentation)
   - Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): Quality Account (see **Appendix 3** for presentation)
   - North East and North Cumbria Integrated Care Board (NENC ICB): Community Diagnostic Centres (*note: deferred to the next meeting*)
   - North East and North Cumbria Integrated Care Board (NENC ICB): Clinical Services Strategy Update (see **Appendix 4** for presentation)

   With regards the NHS Dental Services update, it was confirmed after the meeting that no NHS general dental services contracts within the Stockton-on-Tees area had been handed back in recent years. NHS England provided reassurance that when there are contract hand-backs, they would write out to all stakeholders (including the scrutiny committee) to make them aware – indeed, as part of any contractor requests for variation to their contracts, NHS England expect them to engage with scrutiny committees to get a view before any decisions are made.

   Following the TEWV Quality Account presentation, the Committee expressed concern regarding the number of cases (58) where staff shifts during December 2022 had been greater than 13 hours (potentially impairing performance / decision-making due to fatigue). Members also probed elements of the quality metric data, specifically the Trust's performance in relation to patients feeling safe on their ward, the rates of physical intervention / restraint, and the overall experience of patients. In terms of TEWVs quality improvement priorities, the Committee acknowledged the work undertaken to put in place an overarching framework to address past and current issues, though stressed the need for proper engagement with patients and their families / carers to ensure positive change occurs.

3. As per the long-established rotational arrangements, Stockton-on-Tees Borough Council will host the Committee during 2023-2024. The next Committee meeting, and first of the new municipal year, is scheduled for 28 July 2023, with agenda items to include a North East Ambulance Service (NEAS) response to their latest CQC inspection, NENC ICB updates regarding Community Diagnostic Centres (deferred from the March 2023 meeting) and Breast Services, and a TEWV report on the role and impact of their Lived Experience Directors.

Sustainability and Transformation Plan / Integrated Care System Joint Health Scrutiny Committee

4. Following a lengthy hiatus, Durham County Council (who support this Joint Committee) contacted scrutiny teams across the region in November 2022 with the intention of arranging a meeting for late-November / early-December 2022. However, following liaison with senior NENC ICB representatives, it was deemed that in light of the ongoing ICS briefings to the Tees Valley Joint Health Scrutiny Committee, a meeting of this Joint Committee (which involved similar Councillors) was likely to be a duplication and would not add value.

5. In related matters, as of 1 April 2023, the ICB took on commissioning responsibilities for NHS dentistry (along with pharmacy and optometry). A review into oral health and care has been commissioned to bring together existing intelligence and to work with key partners across the North East and North Cumbria to develop an in-depth understanding of the current issues regarding the state of oral health, and the commissioning and provision of oral health and care services - this is to include the views of the public and partners, and an evaluation of current services. Further information is available at the following link:

   - https://northeastnorthcumbria.nhs.uk/media/0dibny1n/item-7-1a-appendix_1_oral_health_and_care_review.pdf

6. Continuing attempts to address long-standing health inequalities, a three-year programme is bringing together the NHS and Councils with voluntary, community and social enterprise (VCSE) organisations to tackle issues and do more to prevent ill health in the first place. Investment will support a range of initiatives, including extra support for the 'Deep End' network of GP practices in the region's most deprived communities. Further details can be found at the following link:

   - https://northeastnorthcumbria.nhs.uk/news/posts/35m-plan-to-improve-health-in-region-s-most-deprived-areas/.

7. To celebrate its one-year anniversary, the NENC ICB has produced an animation to highlight its achievements alongside partners – see the following link:

   - https://northeastnorthcumbria.nhs.uk/media/ou2gxojr/icb-year-1-animation.mp4

North East Regional Health Scrutiny Committee

8. No meetings are currently scheduled.

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TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

Friday, 16 December 2022

PRESENT – Councillors Layton (Chair), Newall, Mrs H Scott, Rachel Creevy, Alma Hellaoui, Evaline Cunningham, Clare Gamble and Lynn Hall

APOLOGIES – Councillors Rob Cook, Leisa Smith, Ian Blades, Dan Rees, Sandra Smith and Anne Watts,

ALSO IN ATTENDANCE – Martin Short (North East and North Cumbria Integrated Care Board), Craig Blair (North East and North Cumbria Integrated Care Board), Karen Hawkins (North East and North Cumbria Integrated Care Board), Dr Chris Lanigan (Tees, Esk and Wear Valleys NHS Foundation Trust), Avril Lowery (Tees, Esk and Wear Valley NHS Foundation Trust), Cotton (North East Ambulance Service), Stephen Segasby (North East Ambulance Service), Patrick Scott (Tees, Esk and Wear Valley NHS Foundation Trust) and Sarah Gill (Tees, Esk and Wear Valley NHS Foundation Trust)

OFFICERS IN ATTENDANCE – Hannah Miller (Democratic Officer), Alison Pearson (Governance Manager), Gemma Jones (Scrutiny and Legal Support Officer) and Gary Woods (Scrutiny Officer)

TVH17 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

TVH18 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 23 SEPTEMBER 2022

Submitted – The Minutes of the meeting of this Scrutiny Committee held on 23 September 2022.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 23 September 2022 be approved as a correct record.

TVH19 WINTER PLANNING, INTEGRATED URGENT CARE ENGAGEMENT, VACCINATION AND PRIMARY CARE ACCESS - UPDATE

The Director, North East and North Cumbria gave a presentation (previously submitted) updating Members on winter planning, Integrated Urgent Care engagement, vaccinations and Primary Care Access.

It was reported that the Tees Valley Urgent and Emergency Care (UEC) system had remained under significant pressure, with no reduction in demand during the spring/summer months; this pressure was impacting performance across all providers; and the contributing factors creating the pressure across the system were outlined.

Reference was made to the Tees Valley Local Accident and Emergency Delivery Board

(LAEDB) in place as a requirement of the NHS England and Improvement, to assess preparedness for winter against 33 national priorities. Members noted that 15 priorities were in place, 7 priorities had actions in place and were on track to be implemented within timeframes, and 11 priorities had risks associated with their delivery.

The presentation provided details of the initiatives in place to address the following aims; better support people in the community, deliver on ambitions to maximise bed capacity, ensure timely discharge, continuing to support elective activity, infection prevention and control measures, staff vaccinated health care and oversight and incident management arrangements. Reference was also made to the current projects underway to provide support this winter and additional schemes that had been identified. Members noted the current and emerging issues being focused on by the UEC Managed Clinical Network.

Members were provided with a reminder of the proposed new model of integrated urgent care for Middlesbrough and Redcar and Cleveland; an 11 week period of engagement was undertaken between 1 August and 16 October 2022; and the methods of engagement were outlined along with response figures and demographics.

Members noted the additional responses received; that engagement had shown there to be a high level of support for the proposals, with considerations required for a number of factors including accessibility and parking at James Cook University Hospital, capacity and staffing of the new model.

In relation to vaccinations Members were informed of seasonal flu and covid booster vaccination figures for the Tees Valley, including care home residents uptake. It was reported that uptake was lowest in areas of deprivation with uptake at under 30 per cent for flu and under 40 per cent for covid vaccinations; and reference was made to vaccine fatigue and the actions undertaken in the Tees Valley to address this.

Details were provided of the vaccination uptake for frontline healthcare workers, which had seen a reduction when compared to previous years, with flu vaccinations at 48 per cent across the North East and Cumbria and covid vaccinations at 46.7 per cent for frontline healthcare workers and 40.4 per cent for frontline social care workers.

The presentation also provided Members with an overview of primary care in the Tees Valley, with details provided of the configuration and the contract requirements for practices; reference was also made to the Primary Care Network Contract Directed Enhanced Services (DES).

Details were provided of the findings of the GP Patient survey 2022; causes of access challenges were outlined; and improvements to access included increased practice workforce and increased PCN workforce, with 204 staff funded across the Tees Valley from Additional Role Reimbursement Scheme.

Members were also provided with details of additional access to GP appointments on Sundays and Bank Holidays through a Winter Resilience scheme commissioned by the ICB; and the further support to improve access was outlined.

Discussion ensued regarding potential accessibility issues associated with the urgent care

facility at James Cook University Hospital; and following a question Members were advised that a Workforce Planning Group was in place for the Tees Valley, working to identify methods to improve recruitment and that virtual wards were an area of growth for the NHS.

Concern was raised by Members regarding vaccination uptake, in particular for healthcare workers; Members were informed that whilst vaccinations were not mandated, a range of targeted work was being undertaken to improve uptake.

RESOLVED – That the update be noted.

TVH20 NORTH EAST AMBULANCE SERVICE PERFORMANCE UPDATE

The Chief Operating Officer and Assistant Director of Communications, North East Ambulance Service (NEAS) submitted a report (previously circulated) providing Members with a performance review for NEAS performance. A presentation accompanied the report.

It was reported that the NHS 111 call triage volume was significantly higher when compared to the previous year; that an additional 10,000 calls were received in October compared with the previous month; that average time to answer calls had increased as a result; and despite call volumes, there had been improved performance when compared to Quarter 1 in the previous year. Members were advised that significant investment had enabled over 100 additional health advisors to manage the increase in call volumes, with an expansion of the Billingham emergency operations centre.

Details were provided for 999 incident volumes, which had seen a significant increase; Members noted that the Category 1 response time target was being met and Tees Valley was performance better than the Trust as a whole; the response time target for Category 2 calls was not being met; and NEAS benchmark performance for all category calls was outlined. Reference was also made to See and Treat rates, with rates across the Tees Valley being higher than the service average.

It was reported that the average hospital handover time for NEAS in October was 30 minutes; that on 21 per cent of handovers were completed within the 15 minute target timeframe; and that a pilot scheme in North Tees was looking to reduce unnecessary hospital admission. The patient transport performance was also outlined.

Members were informed that the Trust had seen an increase in assaults and abuse of staff with alcohol being the main contributing factor; and that measures were in place to protect and support staff.

Discussion ensued regarding the patient transport performance and time on vehicles over 60 minutes; and following a question regarding abuse and violence towards staff, the Chief Operating Officer assured Members that all incidents were reported via an internal reporting system and the range of measures in place to support staff were outlined. Members requested figures for abuse and violence towards staff.

Discussion also ensued regarding patient attendance at hospitals; the impact of handover delays on the outcome of category 1 calls; and following a question Members were informed

that a regional deflection process was in place for periods of significant delays. Details were also provided on the management of staff morale, which included the recruitment of a Mental Health Practitioner, access to counselling services and a welfare car to provide support crews during periods of delays for hospital handover.

Following a question regarding resources, the Chief Operating Officer advised Members that funding into the service was adequate, however due to the wider system pressures, a significant increase in staffing numbers would be required to improve the performance of the service. Members suggested that an update regarding funding for the service be provided at a future meeting

RESOLVED – That the update be noted.

TVH21 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - QUALITY ACCOUNT Q2 UPDATE

The Associate Director of Quality Governance, Compliance and Quality Data and Associate Director of Strategic Planning and Programmes and , Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) gave a presentation (previously circulated) updating Members on the TEWV Quality Accounts.

It was reported that the Quality Account had 3 improvement actions, Personalising care planning, improving safety on wards and implementing the new National Patient Safety Incident Framework; that of the 16 actions that underpinned the improvement actions, 9 were on track with 4 fully complete, whilst 4 were off track but due to be completed by the end of the financial year and 3 were red and would not be completed in this financial year.

The presentation outlined the details of performance against the quality metrics for Quarter 1 and Quarter 2; and reference was made to the Trusts quality and safety journey.

Concerns were raised regarding physical interventions. Members noted that the increase was due to a small number of patients; that there had been a decrease in prone restraints; and this was a key safety priority for the Trust. It was suggested that a Members briefing be arranged on interventions. Members also requested that benchmarking data be included in future reports to Scrutiny and that trends in relation to the Quality Metric performance be shared with Members.

Concern was also raised in respect of the Quality Metric 'percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?''. Members were assured that this was being addressed through a number of initiatives; that a range of methods were used to gather information on the wards; and Lived Experience Directors had been appointed to ensure the voice of service users and carers/parents were being captured. It was suggested that an update be provided by the Lived Experience Directors at a future meeting of this Scrutiny Committee.

RESOLVED – That the report be noted.

TVH22 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - CQC INSPECTION UPDATE

The Managing Director Durham Tees Valley and Forensics, Tees, Esk and Wear Valley NHS Foundation Trust gave a presentation (previously circulated) providing Members with an update on the CQC inspection.

Details were provided of the re-inspection of CAMHS and SIS in July 2022; the CAMHS re-inspection had seen an improvement in the Safe domain which had been re-rated from inadequate to Requires Improvement; and significant improvements had been noted following the SIS re-inspection, however concerns remained in the Safe domain.

It was reported that a full inspection of the Adult Learning Disability (ALD) Services was undertaken in June 2022 following response to concerns identified by the CQC; and the service, which had previously been rated as good overall was re-rated as inadequate.

The presentation outlined the key messages of the CQC inspection report for the ALD Services, including areas of good practice and actions to be undertaken to improve services; and Members were informed that prior to the inspection, the Trust had commissioned Mersey Care NHS Foundation Trust to undertake a review of the services. Members noted that at the time of the review, in February 2022, the inpatient services had been closed to admissions and to date, no further inpatient admissions had been received into the service.

The key findings from the Mersey Care review were outlined for culture and patient care; an improvement programme had been developed with over 100 actions focusing on workforce, restrictive practice, models of care and governance; and details were provided of the key improvements made by the Trust to the service.

Members sought assurance that safety was a priority for the Trust; discussion ensued regarding staff feedback and the ability of staff to report concerns, with Members noting the steps taken at Lanchester Road to address concerns; and Members were advised that the quality assurance framework in place across the Trust ensured oversight across all services within the Trust, and a quality assurance programme allowed for external oversight and scrutiny.

RESOLVED – That the update be noted.

TVH23 WORK PROGRAMME

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme for the remainder of the 2022/23 Municipal Year.

A number of items were suggested for inclusion on the work programme, this included updates on Lived Experience Directors, Respite Provision and a Member briefing on Physical Interventions.

RESOLVED – That the work programme be updated to reflect discussions.

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Update on NHS Dentistry

Tees Valley
Joint Health Scrutiny Committee

17 March 2023

Summary Overview of NHS Dentistry

- NHS Dentistry services MUST operate in strict accordance with **Nationally set Government Regulation (2006)**

- Under NHS Dentistry national regulation there is **no 'formal registration' of patients** with dental practices as part of their NHS Dentistry offer, patients can therefore approach any dental practice offering NHS care for access.

- Dental contracts and provision is **activity and demand led** with the expectation practices deliver courses of treatment with **recall intervals appropriate to clinical need** and manage their available commissioned capacity to best meet both local demand and the clinical needs of patients presenting to their practice.

- The contract regulations set out the contract currency which is measured in **units of dental activity (UDAs)** that are attributable to a **'banded' course of treatment prescribed under the regulations**.

- **NHS England do not commission private dental services** but the NHS dental regulations do not prohibit the provision of private dentistry by NHS Dental Practices.

- The prolonged **COVID- 19 pandemic period** required NHS Dental Practices to follow strict Infection Prevention and Control (IPC) guidance which significantly restricted levels of access to dental care. As a result **backlog demand for dental care remains high with the urgency and increased complexity of patient clinical presentations** further impacting the ability for the NHS Dental Care system to return back to pre-COVID operational norms.

Update on Commissioned Capacity

General Dental Services (UDAs) only

	NHS Dental Contracts (General Dental Services)	UDA Capacity Commissioned
Middlesbrough	11	301,316
Hartlepool	8	191,367
Redcar & Cleveland	17	273,097
Stockton on Tees	23	371,907
Darlington	12	176,473

Recent changes to position:

- Darlington - Burgess and Hyder Group Partnership practice operating from Firthmoor Community Centre – NHS contact handed back effective 31.3.23.

Update on Commissioned Capacity

Primary Care Orthodontic Services (UOAs)

	NHS Specialist Orthodontic Providers	Annual UOA Capacity Commissioned (PDS contracts	Other orthodontic capacity within GDS contracts (UOAs)
Middlesbrough	**3**	**10,700**	**0**
Hartlepool	**3**	**8,500**	**1,281**
Redcar & Cleveland	**4**	**6,959***	**536**
Stockton on Tees	**1**	**16,300**	**-**
Darlington	**1**	**9,000**	**-**

*procurement underway that will increase capacity by a further 2,641 UOAs in Redcar & Cleveland

Other Services

In addition to the above NHS England also commissions:

- Urgent dental care services - in-hours and out of hours appointments via NHS111
- Community dental service – vulnerable patients with additional needs that cannot be met within high street practices
- Domiciliary care service

Secondary Dental Care Services are commissioned separately by the NHS England, Public Health Team.

Continuing Pressures & Challenges

1. COVID-19 Impacts

2. Dental Workforce Recruitment and Retention

3. NHS Dental Contract & System Reform

1. COVID-19 Impacts

- During the **first wave of the pandemic** in the interest of patient and dental staff safety, **routine dental services were paused in March 2020** and urgent dental care centres (UDCs) were established to provide access only to clinically confirmed urgent dental care.

- In **July 2020 all practices gradually re-opened for limited face to face care** in strict accordance with Nationally mandated COVID-19 NHS Dentistry Standard Operating Procedures and IPC constraints.

- As part of those arrangements practices were required to **prioritise patients based on clinical need and urgency into their significantly reduced safe operating capacity**, creating inevitable delays and backlogs over time for patients seeking non-clinically urgent and more routine dental care at that time.

- As part of those nationally mandated COVID-19 response arrangements practices were provided with **income protection** but also **mandated to operate at significantly reduced and safe levels of face to face access levels** throughout the prolonged COVID-19 Pandemic period as follows:

○ **0% between March – July 2020 (remote triage only unless designated UDC)** ○ **20% between July - December 2020** ○ **45% between January - March 2021** ○ **60% between April - September 2021**	○ **65% between September - December 2021** ○ **85% between January - March 2022** ○ **95% between April 2022 – June 2022** ○ **100% from July 2022**

- All dental practices are now able to safely provide a full range of treatment however **demand for care remains extremely** high with dental practices having to **balance addressing the backlog of care with managing new patient demand**, whilst also facing **workforce recruitment and retention issues** which continues to mean a delay in meeting demand for more routine and non-urgent care.

2. Dental Workforce Recruitment and Retention

There are a number of factors relating to workforce recruitment and retention that are affecting the ability of NHS dental practices to deliver the full level of commissioned access, these include:

- **Younger generation and newly qualifying dentists** more often choosing not to pursue an NHS Dentistry career or where they do, they are seeking a work life balance that limits their working commitment to part time NHS Dentistry
- **More experienced dentists and increasing dental nurses** are choosing to retire early, move into private dentistry or pursue a different career path.
- General recruitment issues **attracting new dentists into NHS Dentistry from private dentistry and from overseas** due to a range of issues including but not limited to; difficulties securing GDC and Performers List registration for overseas dentists, Dental Student and Foundation Dentistry Places being limited nationally and private dentists not perceiving working within the current NHS Regulatory arrangements as being attractive in terms of pay, conditions, work life balance etc.

This creates difficulties for NHS Dental Practices locally and nationally to **maintain and/or replace the level of clinical workforce** they need in order to reliably deliver their full NHS Dentistry capacity as they continue to try to fully recover from COVID-19 Pandemic impacts.

3. NHS Dental Contract & System Reform

- Current **NHS Dental Regulation/contract was introduced in 2006**
- **March 2021** the Department of Health requested that **NHS England lead on and develop national dental system reforms for England.**
- In **July 2022**, NHS England published a **national package of 'initial reforms'** to the NHS dental regulatory contract. This included:
  - Prioritising patients with high care needs by **increasing the funding that practices receive for more complex care.**
  - Setting a **National minimum UDA value of £23**, which hadn't existed previously (variable UDA rates across Tees valley – all currently above national minimum).
  - Greater flexibilities within national regulations to **locally release funding and unused dental access locked into practices** who are unable to deliver their commissioned activity so that it can be offered to those who can deliver activity above their contracted levels.
  - Requiring a move away from the default position of many patients choosing to re-attend on a 6 monthly basis towards **recall intervals that are clinically appropriate to the oral health status of patient's** (in accordance with NICE Best Practice Guidance – up to 24 months). The intention being to release capacity and reduce inequality of access to dental care.
  - **Making it easier for practices to introduce skill mix** by utilising the skills of the wider dental care professionals (dental therapists and hygienists) to work within their full scope of practise thereby freeing up capacity and dentist time to focus on more complex treatments.

NHS England have now commenced engagement to inform the next stages of the government's national dental system and workforce reform programme for 2023.

Local actions taken to date

- Offe**red incentives for ALL NHS dental practices** to prioritise any patients struggling to access an NHS Practice and that present with an urgent dental care need.

- Encouraging practices to **maintain short notice cancellation lists** to minimise as far as possible any “lost” clinical time.

- Invested in the provision of additional dental clinical triage within the **NHS 111 Integrated Out of Hours, Dental Clinical Assessment Service** as well as increasing funding into our **Dental Out of Hours treatment services.**

- Additional funding made available in 2021-22 to practices who were able to offer additional clinical capacity with a focus on prioritising patients with urgent dental care needs and access for nationally identified high risk groups, ie children (7 practices across Tees Valley was limited signed up - 2 in Redcar and Cleveland, 1 in Stockton, 2 in Middlesbrough,1 in Hartlepool and 1 Darlington)..

- Scheme extended into 2022-23 with increased rates offered - focus on prioritising patients with urgent dental clinical presentations and/or dental complaints to further help reduce outstanding COVID-19 back log demand (13 practices across Tees Valley – 4 in Redcar and Cleveland, 3 in Stockton, 1 in Middlesbrough, 3 in Hartlepool and 2 in Darlington).

- Increased local investment during 2022-23 into our specialist oral surgery and orthodontic providers to secure additional treatment capacity wherever possible in order to help reduce waiting times for patients.

Local Actions continued ….

- Engaged with dental providers within areas where contracts have been handed back to see if they are able to take on the UDAs released on either a short-term or long-term basis. Initial attempts in Darlington proved unsuccessful however recently been back out with an improved offer informed by market engagement which has generated interest.

- Darlington identified as a priority area for our recently launched workforce recruitment and retention pilot which supports practices to attract dentists by offering the dentist a financial incentive payment if they come to be work in the area for a minimum of 2/3 years.

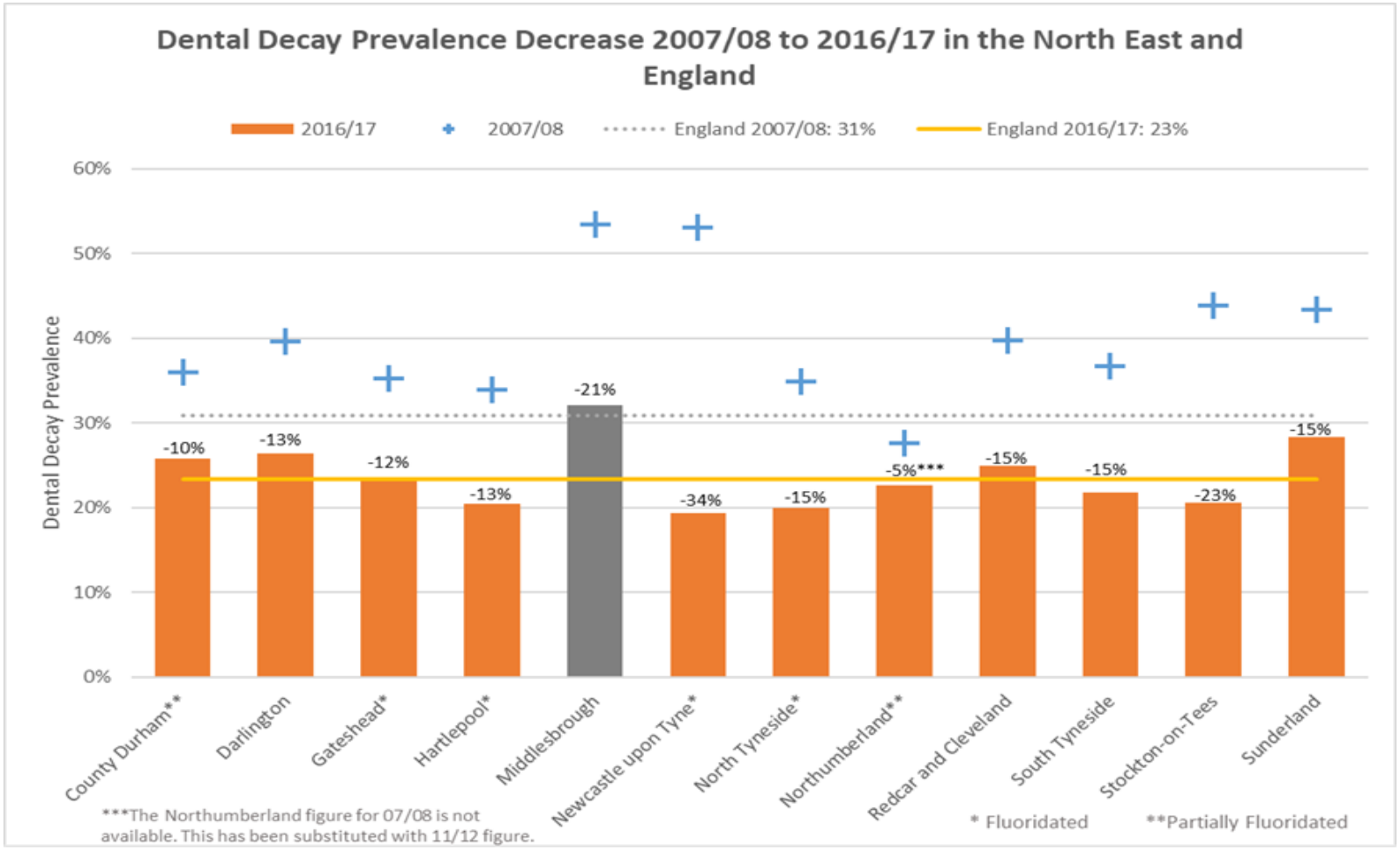
- Funded advert in British Dental Journal to try to attract overseas dentists into the area – match up with providers who have vacancies and support them through the process of getting onto the National Dental Performers List which enables them to deliver NHS dental care.

- Offering NHS dental providers a flexible commissioning arrangement that provides a training grant to support the employment of overseas dentists.

- We are working with **Dental Clinical & Professional Leaders and Health Education North East (HEE) partners** to further explore opportunities to improve dental workforce recruitment and retention locally where this is possible and within existing national policy constraints.

- Continue to raise our local dental workforce pressures at a national level to inform the development of needed National Dental System and Workforce Reforms.

Dental Decay prevalence trend



Oral health improvement initiatives

Update on population prevention programmes: supervised toothbrushing programmes

Local Authority	Number of Preschools	Children brushing in preschools	Number of schools	Children brushing in schools
Hartlepool	8	436	14	1077
Stockton	28	1721	30	2525
Middlesbrough	28	1578	28	3254
Redcar and Cleveland	16	591	20	2036
Darlington	N/A	N/A	12	686

Launch of a pilot safeguarding dental access referral pathway for children

- Priority dental referral pathway for children in care and those receiving child protection medicals that are not receiving regular dental care
- Pilot launched 3rd Jan until 31st March

Next Steps

- Await the announcement of **further national dental regulatory, workforce and system reforms during 2023** and **review the impact that initial national reforms** that were introduced from November 2022 are beginning to have.

- **Review the impact of the local initiatives that we have put in place** so that we can continue to use that learning to help keep our local NHS Dentistry service provision and access to care stabilised whilst we await further national dental system and workforce reforms.

- **Continue to work with all of our local dental professional leads and wider partners** to ensure we continue to explore all local opportunities to improve NHS Dentistry access for patients and influence the development of national system and workforce developments during 2023.

Advice for patients

- If your teeth and gums are healthy – a **check-up, or scale and polish may not be needed every 6 months.**

- **Stopping smoking** and **limiting alcohol intake** along with **reducing the amount of sugary drinks and food** can all be beneficial in keeping your teeth and gums healthy.

- **Every dental practice is working extremely hard to provide care to as many patients as possible**, if a routine appointment is not yet available, please be understanding of the challenges that practices are facing.

- Dental practice are being **encouraged to prioritise patients for treatment based on clinical need and urgency.**

- Appointments for some **routine treatments**, such as dental check up, may still be delayed.

- If you develop an **urgent dental issue** telephone your regular dental practice (or any NHS practice is you don't have a regular dentist) for advice on what to do next or visit www.111.nhs / ring 111.

- If the dentist decides the issue is not urgent, you may be given advice on how to self manage the dental problem until an appointment becomes available. You should be advised to make contact again if your situation changes/worsens

Key messages

- You **do not need to register** with a dental practice like you do with a GP practice – you can contact any NHS dental practice to seek care. Dental practices manage their own appointment books and are best placed to advise on the availability of appointments.

- All dental practices are able to safely provide a full range of treatments however **demand for care remains extremely high** with dental practice having to balance addressing the backlog of care with managing new patient demand.

- **High treatment needs** for patients and **workforce recruitment and retention** issues continues to mean delay in practices being able to full meet the demand for more routine dental care, ie check-ups.

- All opportunities are being explored locally to:
  - Increase the number of appointments available and improve access for patients with priority for patients with greatest dental clinical need, ie those requiring urgent dental care and vulnerable/high risk groups such as children.
  - Support practices to recruit and retain dentists.

Questions?

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Tees, Esk and Wear Valleys
NHS Foundation Trust

Our Quality Journey and Quality Improvement Priorities for 23/24

This presentation will cover

Tees, Esk and Wear Valleys NHS Foundation Trust

- **National quality definitions / patient safety strategy**
- **TEWV's Quality Journey – our Quality Strategy which supports *Our Journey to Change***

Tees, Esk and Wear Valleys NHS Foundation Trust

The National Quality Board commits us to:

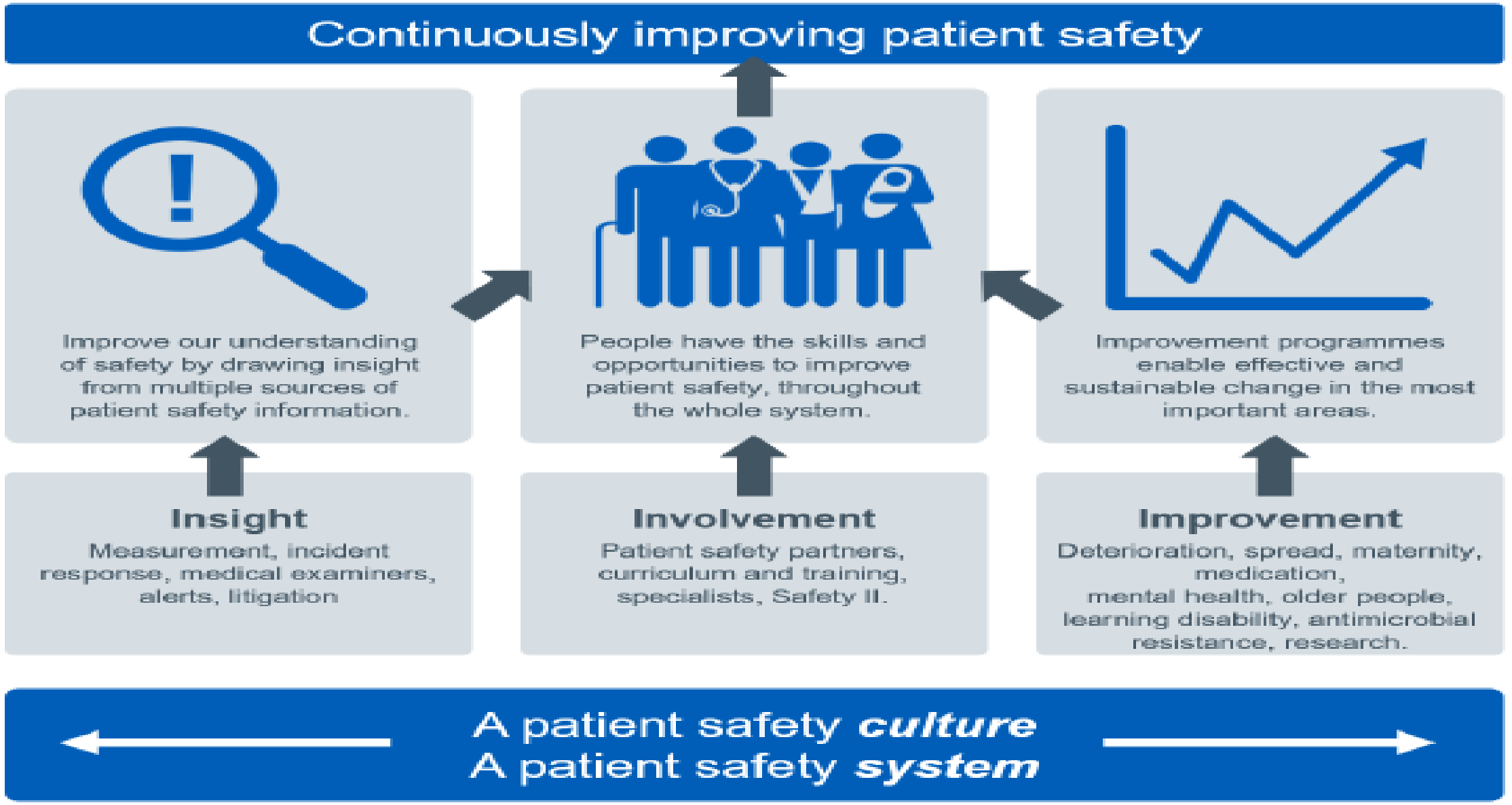
'A Shared single view of quality where people working in systems deliver care that is:

- **Safe -** delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights;
- **Effective -** informed by consistent and up to date high quality training, guidelines and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit
- **A Positive Experience - Responsive and personalised -** shaped by what matters to people

And….

- **Well led -** driven by collective and compassionate leadership, which champions a shared vision, values and learning; delivered by accountable organisations and systems with proportionate governance
- **Sustainably Resourced -** Sustainably-resourced - focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.
- **Equitable -** everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities.

The NHS Patient Safety Strategy



Tees, Esk and Wear Valleys
NHS Foundation Trust

TEWV Strategy and Priorities

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:

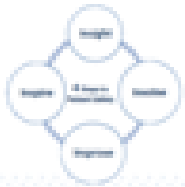
- **Proud**, because your work is meaningful.
- **Involved** in decisions that affect you.
- **Well led** and managed.
- That your workplace is **fit for purpose**.

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



Our Journey to Safer Care

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Insight

Our Patient Safety Priorities

- Suicide Prevention and Self Harm Reduction
- Reducing Physical Restraint and Seclusion
- Promoting Harm Free care
  Improving Psychological and Sexual Safety
  Providing a Safe Environment
- Promoting Physical Health

Involve

- Patient Safety Partners
- Patients, Families & Carers
- Experts by Experience
- Ward/ Team to Board Staff
- External Partners

A Patient Safety Culture – Just and Fair

Improve and Inspire

How we will achieve our goals

Academy of Caring

Provide education and training opportunities which enable all health professionals to deliver effective and compassionate care.
Develop new and innovative roles across system
Empathy Training

Patient Safety Faculty

Improve our understanding of safety
Build capability for safety improvement through a Patient Safety Syllabus:

- Human Factors & Safety Management
- Creating Safe Systems

Patient Safety Specialists
Patient Safety Partners

Continuously Improving Patient Safety

Measuring what matters
Team Safety Plans – local ownership
Improvement programmes enable effective and sustainable change
Intelligence for Action:

- Stop the Line
- Flash Safety Briefings
- SBARDS & Webinars
- National Safety Alerts

Maximising Technology

Digital systems and solutions

- CITO
- SafeCare
- Dialogue

New National Reporting & Learning System
Maximising Datix System
New National Patient Safety Incident Response Framework

A Learning Organisation

Opportunities for learning

- When things go well
- From incidents, complaints, litigation
- In our shoes –patient, carer and staff experiences

National Improvement Programmes
Research and Innovation
Innovative and effective ways to share and embed learning
Learning Library

NHS
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NHS Foundation Trust

National Patient Safety Strategy

Reporting incidents directly via the new Learning From Patient Safety Events (LFPSE)

Improving Patient Safety through the transformation of the Patient Safety Incident Reporting Framework (PSIRF)

✓Patient Safety Syllabus

✓Patient Safety Specialists

✓Patient Safety Partners

Our Journey to Effective Care

NHS
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NHS Foundation Trust

Insight

- Clinical Strategy
- Clinical Outcomes
- Care Planning
- NICE and evidence-based practice

Involve

- Patient Safety Partners
- Patients, Families & Carers
- Experts by Experience
- Ward/ Team to Board Staff
- External Partners

A Patient Safety Culture – Just and Fair

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- ✓ For each service, we will have in place a suite of clinical outcome measures and patient reported outcomes (effectiveness of care measures)
- ✓ We will have improved data quality with regard to the ‘effectiveness of care’ measures that will be utilised by clinicians to better understand the impact of different approaches to patient care and treatments
- ✓ Using this data, we will see an increase in the number of patients reporting an improvement in their symptoms after receiving care and treatment from the Trust
- ✓ There will be an increase in patients telling us they have been able to influence their care and all care plans will be co-created with patients and their families

Our Journey to Excellence in Patient Experience and Involvement

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Insight

Compassionate Care	Co-creation	Improving experience of care through improved data collection?/ analysis Explore Digital Enablers	Feeling Safe in our Care ?

Involve

Patient Safety Partners — Patients, Families & Carers — Experts by Experience — Ward/ Team to Board Staff — External Partners

A Patient Safety Culture – Just and Fair

Improve and Inspire

How we will achieve our goals

Academy of Caring

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NHS Foundation Trust

- We will demonstrate significant improvements in the experiences of the people using our services through using an increased range of methods and range of quantitative and qualitative information
- Service users, carers and staff will see that their voice makes a difference – by speaking out about poor care and making suggestions for improvements they are continuously improving the experience people have of our services.
- Patients will talk positively about the impact of restrictions on their recovery
- Patients on our wards will feel safe

Where we are now

QUALITY & LEARNING DASHBOARD

Tees, Esk and Wear Valleys NHS Foundation Trust

Summary Dashboard –December 22

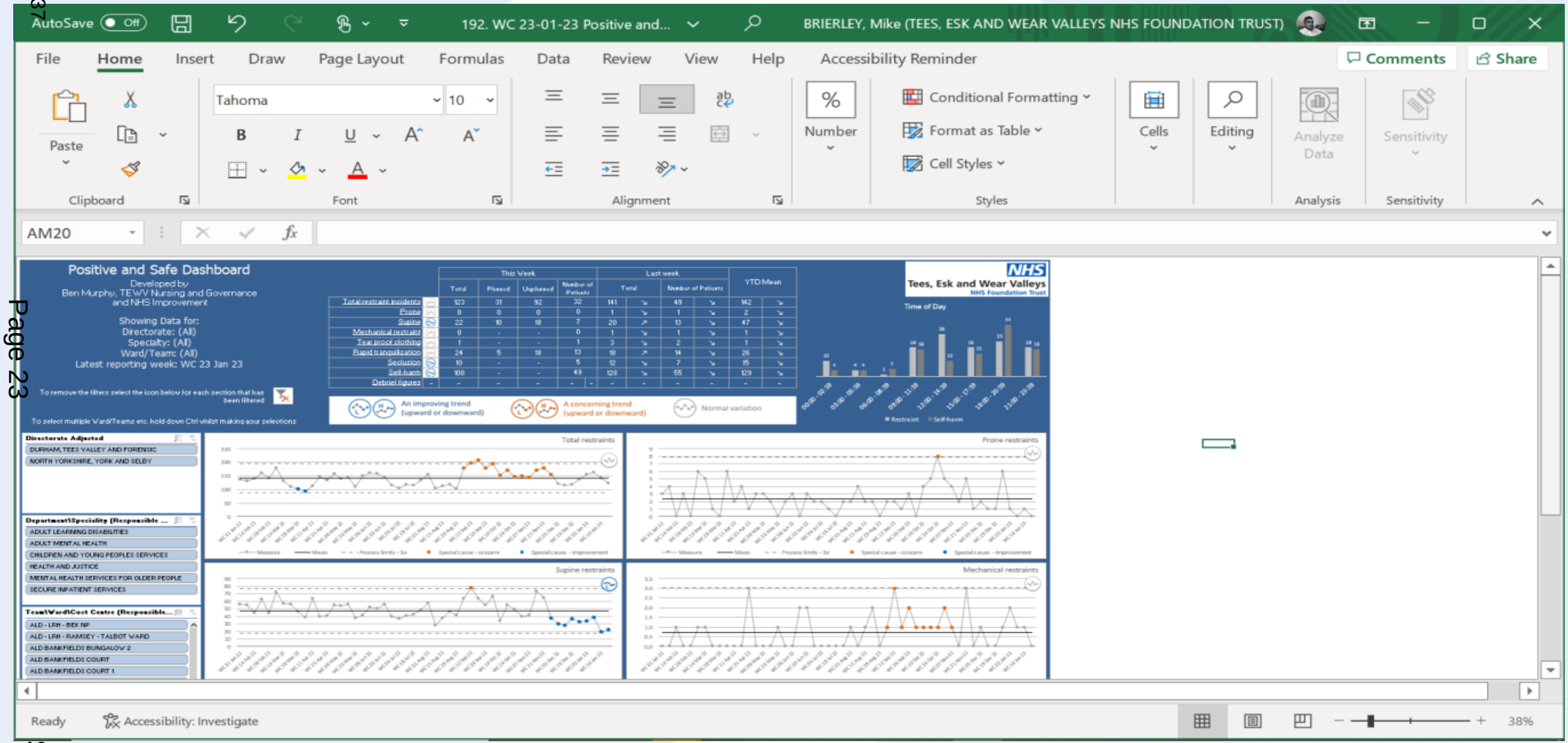
Assurance: Consistently hit target | Hit and miss target randomly | Hit and miss target randomly
Variation: Special Cause Concern | Special Cause Improvement | Common Cause
Caution: The data in this chart is not normally distributed. The SPC chart should be interpreted with caution!

	Reporting month: December 2022	Variation	Assurance	Target	Numerator	Denomenator	Rate/%
SAFE	Serious Incidents			-	11	-	-
SAFE	Incidents			-	1868	-	-
SAFE	Incidents per 1000 OBD (Wards only)			-	1332	19596	67.97
SAFE	Incidents per 1000 Caseload			-	401	52736	7.60
SAFE	Restrictive intervention incidents			-	446	-	-
SAFE	Restrictive intervention incidents per 1000 OBD (Wards only)			19.25	433	19596	22.10
SAFE	Self-harm incidents			-	453	-	-
SAFE	Seclusion incidents			-	40	-	-
SAFE	All medication errors per 1000 OBD (Wards only)			2.5	66	19596	3.37
SAFE	L3 and above Medication Errors			0	1	-	-
SAFE	Falls per 1000 OBD (Wards only)			-	53	19596	2.70
SAFE	L3 falls per 1000 OBD (Wards only)			0.35	1	19596	0.05
SAFE	Shifts greater than 13 hrs			0	58	-	-
CARING	FFT			0.94	660	722	91.41%
CARING	Carer FFT			-	240	258	93.02%
CARING	Feel safe			0.88	72	142	50.70%
CARING	Complaints			-	29	-	-
CARING	PALS			-	141	-	-
CARING	Compliments			-	15	-	-

- 722 Patient FFT responses received for the Trust in November
- Most recent FFT benchmarking data provided by NHSI tells us 91% of people rated our services as good or very good
- A small number of patients account for 75% of all Restrictive Interventions in LD, SIS and PICU. Mean YTD data shows downward trend across all forms of restrictions
- Long Term Segregation and Restrictive Intervention Panels in place
- At the time of reporting the Trust are supporting 14 patients in LTS or prolonged seclusion (8 individual accommodation in LD)
- A reducing trend in self harm incidents following targeted improvement work

Positive & Safe Dashboard

Tees, Esk and Wear Valleys
NHS Foundation Trust



Some Key Quality Markers

Quality Controls, Quality Assurance

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Fundamental Standards Groups

Quality Assurance Programme

QA Audits
- Modern Matron Review
- MDT Walkabout
- Peer Review
- Peer & Self Audits

Restrictive Interventions

- Positive & Safe Dashboard
- RI business case
- Merseycare recommendations

Culture Assessment Process

- Phase 1 – IP Ward assessment
- Community Tool in development
- Development of a trigger tool
- PHASE 2 –follow up programme

Safe Staffing report & oversight

- Safe Care Tool
- Staffing Establishment Review (MHOST)
- Career Framework Development

Quality Metrics

Tees, Esk and Wear Valleys NHS Foundation Trust

Quality Metrics	Target	Whole Trust 20/21	Whole Trust Actual Q4 21/22	Whole Trust Actual 22/23 Q1	Whole Trust Actual 22/23 Q2	Whole Trust Actual 22/23 Q3
1) Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'	88.00%	64.66%	64.37%	59.38%	58.54%	54.02%
2) Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients	0.35	0.13	0.07	0.23	0.23	0.25
3) Number of incidents of physical intervention/ restraint per 1000 occupied bed days	19.25	20.90	37.66	34.01	33.84	31.09
4) Percentage of adults discharged from CCG-commissioned mental health inpatient services receive a follow-up within 72 hours	85%	*Previously reported indicator: (Existing percentage of patients on Care Programme Approach who were followed up within 72 hours after discharge from psychiatric inpatient care)*		91. 56%	88.46%	86.59%
5) Percentage of patients who reported their overall experience as very good or good	94.00%	93.21%	94.34%	91.76%	91.74%	91.81%
6) Percentage of patients that report that staff treated them with dignity and respect	94.00%	86.77%	89.14%	87.31%	87.16%	85.94%
7) The number of Medication Errors with a severity of moderate harm and above	2.5	-	-	2	5	4
8) Number of serious incidents reported on STEIS	-	-	-	34	32	28
9) Number of Complaints raised	-	-	-	82	62	97

KEY QUALITY RISKS

Areas for concern

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Workforce

Medical vacancies

Registered Nurse Vacancies

Reference Cost Index

tariff funding shortfall for MH, Community and Ambulance providers – pay 81% cost base

ALD

system pathways not fit for purpose (£4m+ unfunded complex packages

IP Pressures

DTOC, 104% occupancy

8 IS Beds

SI Backlogs

Lack of system resources

closure of historic backlog and themed learning

Lack of Recovery Funding

No Mental Health Recovery Fund

Prosecutions/Reputation

CQC prosecutions

Niche

Autism

not covered by MHIS and very limited new recurrent investment despite significant pressures

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

West Lane Hospital

Status and remedial actions for the 3 published Niche Reports

Key Actions:

- Gap analysis of improvements and evidence against recommendations in preparation for Niche Assurance review (6 months from publication-due May 2023)
- Narrative assurance statements published (and drafts prepared for 4th report)
- Quality Assurance mapping and oversight in place
- Commissioned independent Duty of Candour review
- Quality Improvement review underway for environmental risk assessment processes
- No immediate risks to delivery identified

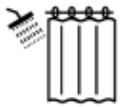
Learnings about patient safety from West Lane Hospital

Our Trust stopped delivering inpatient children and adolescent mental health services (CAMHS) in September 2019 following a series of incidents at West Lane Hospital. Following this, NHS England commissioned an independent review looking at the care and treatment of three young woman who sadly died in our care in 2019 and 2020.

The review was clear that we needed to improve some of the ways that we work:

Improving the ward environment:

To reduce ligature risks we have made changes to some ward environments. We have:



Removed shower curtains

Replaced old taps with anti-ligature ones

Installed anti-ligature doors in some areas

Ligature risk is assessed monthly by your matron during walk-arounds

We are also piloting a system called Oxehealth in some areas. Oxehealth is an alert system designed to improve safety for the people we care for.

Improving patient safety

We have changed the way we talk about risk; we now use safety summaries and safety plans. Patients, families and carers are much more involved in this.

We used to record information about risk in multiple places. This led to mistakes. The primary place of recording risk is in the safety summary and safety plan.

The quality of our records and content are regularly checked. We use a quality assurance schedule and peer visits to do this.

Learning from these audits and visits is shared in team meetings and huddles so everybody knows how to keep patients safe.

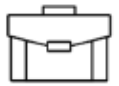
As part of our daily ward safety review, we now share important information which helps keep our patients safe.

We have improved our response to incidents and how we learn from these.

Improving Our governance

Good governance is about having the right people in the right place with the right skills. This supports services to continuously improve and helps us to provide safe and effective care. We know we weren't getting this right and needed to make some changes:

We have changed the way we share information from ward to board.



New meeting structures have been developed.

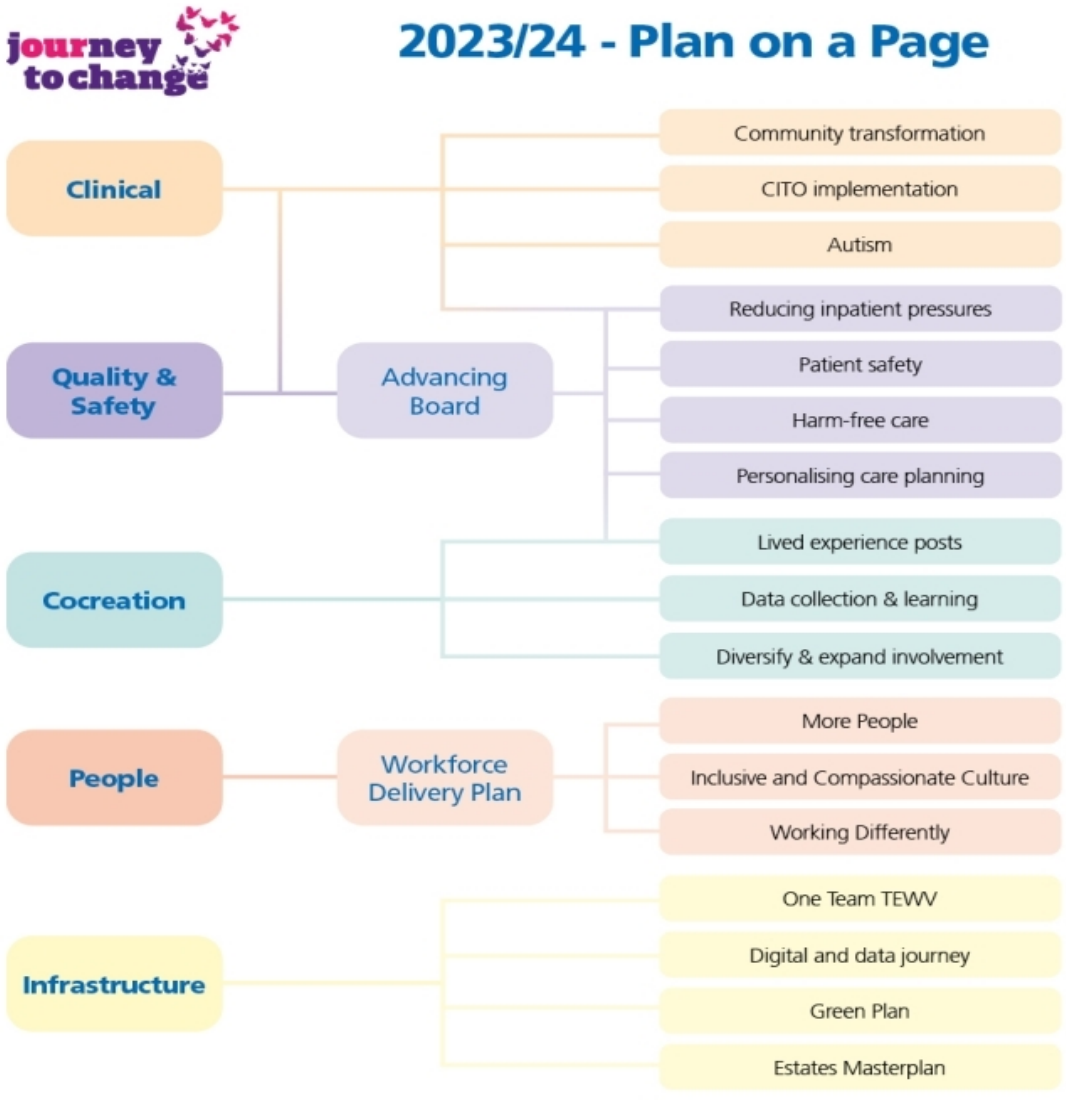
We are improving the way we are using data and information to better understand how to improve our services.

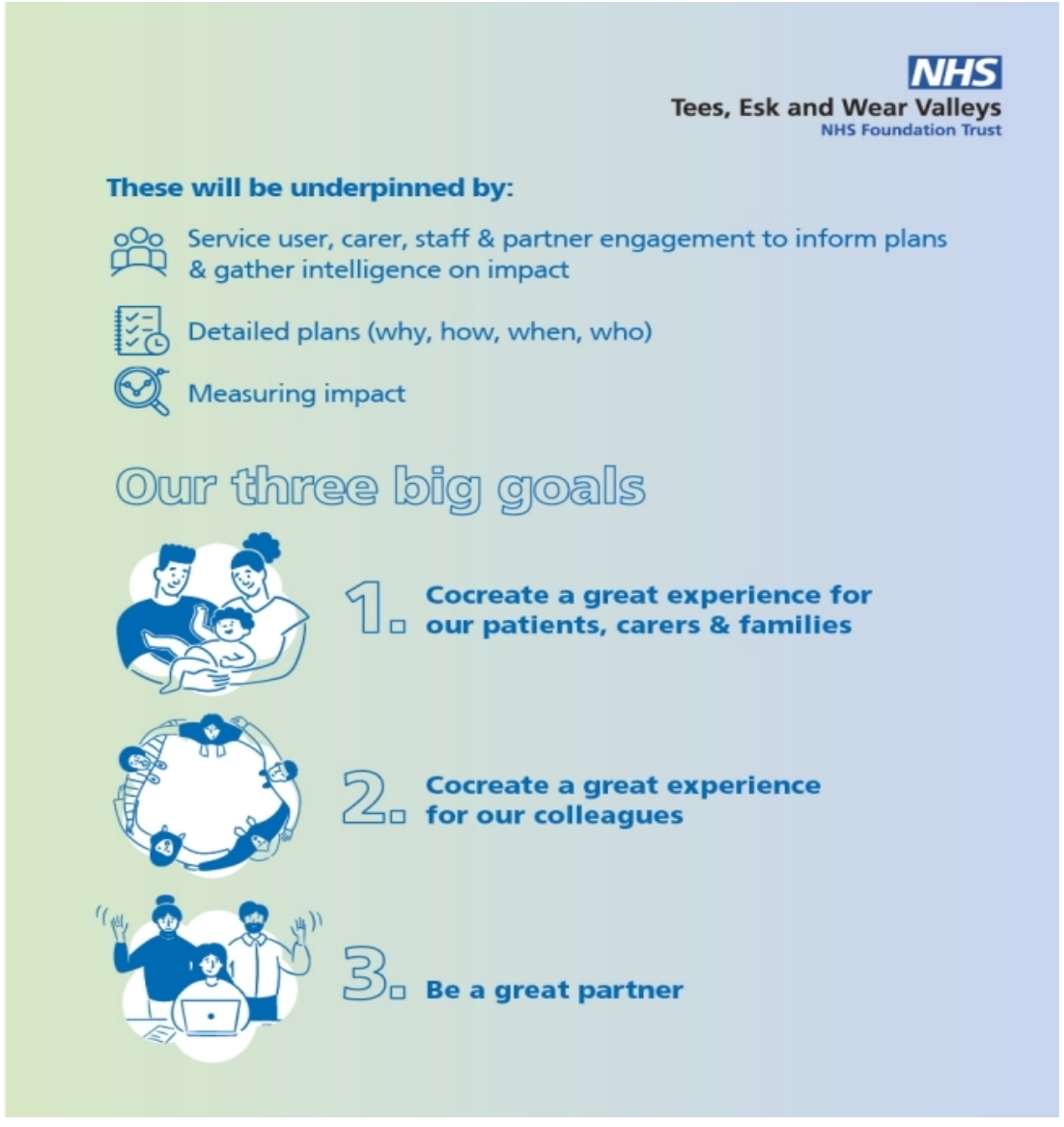
We have introduced several new roles, so you may have noticed new faces. We have increased the clinical leadership and focus to help us inform our care.

To enhance the patient voice, we have recruited lived experience directors and increased the number of peer support workers.

Quality Account improvement Priorities and Next Steps

TEWV draft Delivery Plan 23/24





Quality Account improvement priorities

- Will be specific actions in the following areas, which support improvement in the quality account metrics

a) Patient Safety
b) Harm Free Care
c) Personalising Care Planning

Quality Account Process

Tees, Esk and Wear Valleys NHS Foundation Trust

- **Draft to be circulated to stakeholders (including local authorities) in early May (hopefully before local authority election, but will be very tight)**
- **30 day formal consultation period**
- **We publish responses from all stakeholders**

- **So, we hope this year's Tees Valley OSC can write it's letter now, i.e.**
  a) Comment on our quality position / progress
  b) Comment on our proposed areas of improvement

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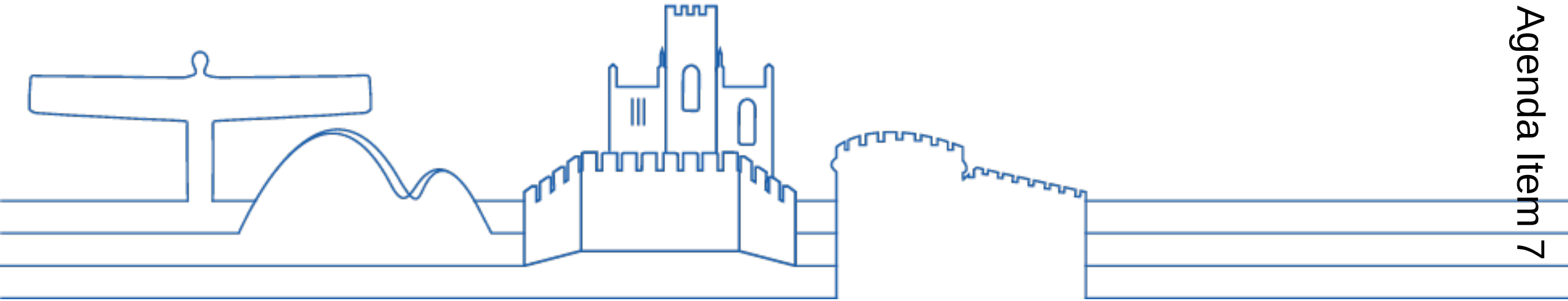
NHS
North East and North Cumbria

Clinical Services Strategy Update

17th March 2023



Overview

North East and North Cumbria

The Tees Valley health system continues to have numerous challenges that require addressing regarding clinical, operational and financial sustainability across multiple organisations

A number of these challenges are longstanding, and a range of actions and programmes of work have been undertaken in the last 4-5 years taking a variety of forms

The impact of the Covid-19 pandemic has placed significant **increased** pressures across all parts of the system, with a need to recover and restore services, ensuring that patients across the Tees Valley continue to have timely access to services

Overview

NHS
North East and North Cumbria

The Clinical Strategy aims to continue to build on the work started under the Better Health Programme in stabilising and strengthening some of our most vulnerable services

The programme remains focussed on the improvement and sustainability of acute hospital services, whilst the wider ambition of improving population health remains at the heart of the Tees Valley

The wider partnership approach has been **key** to ensuring that service proposals and ways of working support these broader ambitions and are therefore embedded within the agreed governance of the programme

Service changes and transformation must respond to the emerging evidence base, planning guidance and be both significant and highly dynamic

Aims & Objectives

NHS
North East and North Cumbria

'To ensure the best possible care outcomes to every member of our population across the Tees Valley'

Delivered in the most cost effective and sustainable way through the best use of resources

Recognising the local needs of population health

Ensuring a focus on transformation as a Tees Valley rather than from a particular organisational perspective

Aligning programmes of work to the requirements of the Long-Term Plan, Operational Planning Guidance and Covid-19 Recovery

By working in close collaboration and uniting ambitions, the shared vision will ensure equitable health and care provision for the people of the Tees Valley to become a reality

Workstreams

NHS
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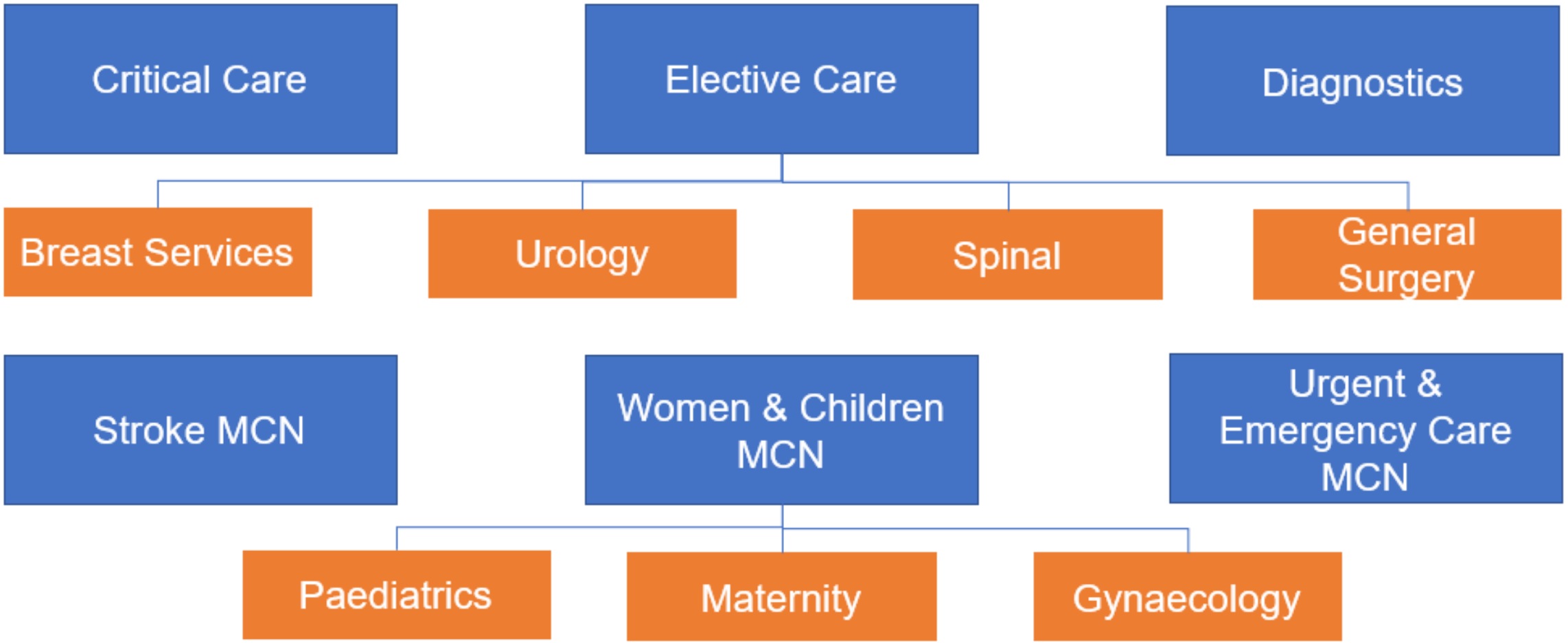

Workstream Achievements over last 18 months

NHS
North East and North Cumbria

Critical Care

Business cases developed to support pressure areas in each Trust

Bed Capacity across sites agreed

Good understanding of workforce establishment across each Trust (locally & regionally)

Diagnostics

30,477 additional diagnostic tests delivered through the CDC programme 22/23

Year 1 business case approved to develop and establish 3 spoke sites

Year 2 revenue funding secured to enable continuation of activity from spoke sites

Business case approved for the completion of the new build hub to be operational by March 2024

Stroke

Joint Stroke consultant in place across North & South Tees Trusts

Established stroke identity for Tees Valley

Thrombectomy services now provided as part of the tertiary services in Tees Valley, streamlined TIA & carotid artery disease pathways

Workstream Achievements over last 18 months

NHS
North East and North Cumbria

Urgent & Emergency Care

- Development & implementation of Urgent Community Response Services
- Development & implementation of Frailty & Respiratory Virtual Wards
- Development of standardised Urgent Care Services across the Tees Valley
- Supporting system pressures throughout times of SURGE

Elective Services

- Introduction of a Free Flap breast reconstruction pathway and commencement
- Breast and plastic surgeons jointly operating from September 2022
- Agreed the ongoing transfer of emergency Urology patients from Darlington Memorial Hospital to James Cook University Hospital
- Appointment of additional Spinal consultant working across sites to increase elective capacity

Women & Children

- Adoption of Child Health & Wellbeing Network's Healthier Together platform to promote self -management and reduce unnecessary primary care and ED attendances
- Funding for Badgernet electronic maternity record secured and being rolled out in NTHFT and STHFT
- Agreed over-arching WCYP Workstreams Education Programme, and funding for Education Coordinator role approved - currently going through job evaluation

NHS
North East and North Cumbria

Moving Forward

Work is continuing within each of the clinically led workstreams to;

- Reconfirm the strategic intent of the workstream
- Detail next steps in terms of specific tasks and actions
- Ensure sufficient and appropriate capacity to support progression of the work

The Integrated Care Board will continue to provide updates to the Tees Joint Overview and Scrutiny committee in relation to developments and progress with the strategy

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 22nd February, 2023.

Present: Cllr Robert Cook (Chair), Cllr Ann McCoy, Cllr Steve Nelson, Cllr Sylvia Walmsley, Ann Workman, Fiona Adamson, Tanja Braun (Sub for Sarah Bowman - Abouna), Lucy Owens (sub for Jon Carling), Alex Sinclair (Sub for David Gallagher), Shaun Mayo (Sub for Dominic Gardner), Hilton Heslop (Sub for Julie Gillon)

Officers: Michael Henderson, Mandy Mackinnon

Also in attendance:

Apologies: Cllr Jacky Bright, Jon Carling, Cllr Lisa Evans, Cllr Dan Fagan, David Gallagher, Dominic Gardner, Julie Gillon, Cllr Andrew Sherris, Martin Gray, Sarah Bowman - Abouna, Jonathan Slade, Peter Smith

HWB 54/22 Declarations of Interest

There were no declarations of interest.

HWB 55/22 Minutes of the meeting held on 25 January, 2023

The minutes of the meeting held on 25 January 2023 were confirmed as a correct record.

HWB 56/22 Alcohol Update

Members received an overview presentation relating to alcohol services. The presentation covered the following:-

•Alcohol profiles and data for Stockton-on-Tees
• ICS Alcohol Health Care Needs Assessment & recommendations
• ICS approaches
• Alcohol awareness
• Alcohol licensing
• Community alcohol services
• Inpatient detox provision

Discussion:-

- Reference was made to the promotion of discounted alcohol at retail outlets and particularly supermarkets and how this might influence consumption. The Board noted the difficulties associated with engagement with outlets at a local level and a national approach/agreement was needed. The issue relating to alcohol pricing, promotion and placement was being pursued through a number of routes.

- The definition of alcohol dependence use by the Council was in line with NICE Guidance.

- Member supported the recommendations coming from the Integrated Care System's Alcohol Healthcare Needs Assessment. It was recognised that a focus of the recommendations was the identification of individuals who may benefit from treatment and there was work to improve access to treatment. Also

there had been an increase in funding of services, in Stockton, over the next 2 years, to enable the expansion of the treatment offer.

- The voluntary sector highlighted that it could assist with the delivery of some of the Needs Assessment's recommendations, particularly recommendation 12, relating to engagement with people with lived experience. Reference was also made to work it was involved in with assisting the private sector around its social responsibilities and this could be a route into discussions around reducing alcohol promotion.

RESOLVED that the update be noted.

HWB 57/22 Multiple Complex Needs - Peer Advocacy Pilot

The Board considered a report that provided an overview of the pilot work to support people in the borough with multiple complex needs, using a peer advocacy and support model and funded through the ICS health inequalities monies devolved to each local authority area.

It was explained that a steering group had been established to take the pilot work forward, comprising public health, adult safeguarding, the homelessness team and the A Fairer Stockton team, also liaising closely with A Way Out. The group was developing the pilot based on a range of public health background work and context including:

• A comprehensive health needs assessment for drugs was undertaken as part of the reprocurement of service in 2020.
•A comprehensive health needs assessment for domestic abuse was undertaken in preparation for reprocurement of service 2022/23
•Liaison with homelessness / supported accommodation service providers
•Contract monitoring and service improvement for people with substance misuse (drugs and alcohol)
•Learning from drug-related death reviews
•Learning from targeted work with hostels during the Covid pandemic
•Stakeholder engagement in planning activities and interventions funded through the national drug strategy monies
•Observation and learning from Team Around the Individual (TATI) meetings (adult safeguarding).

The group had established a referral route for the individuals and families who would be identified through the adult safeguarding process. There were several different potential ways of identifying a cohort of focus for the work. Due to the existing work to further develop the 'Team Around the Individual' (TATI) process as part of the borough's safeguarding work, the work was being commenced with those individuals being part of the TATI process. A 'test and learn' approach was being used, so that learning could be incorporated as the pilot developed. It was envisaged that, should the work be successful, the approach could be used for work with different cohorts and communities, being adapted as needed. Discussions were underway on building in evaluation from early in the work.

Next steps for the group were to develop eligibility criteria for the peer advocacy pilot; develop a job outline for the peer advocate; and seek expressions of

interest from the VCSE sector.

The pilot would run alongside other innovative approaches in development, with the opportunity for them to inform each other. This included the development of a change house which provided intensive individual and group-based support from substance misuse treatment services into existing housing provision to enable those with complex housing and substance misuse needs to stabilise their lives and engage with treatment.

Discussion: -

- The Board supported the proposals in the report.

- It would be important to try and identify the most difficult cases at an early stage, however, getting people to engage may be a challenge.

- It was suggested that the Pilot should link in with the Changing Futures work.

RESOLVED that

1. the approach set out in the report be supported.

2. an update be provided at a future meeting.

HWB 58/22 Place Based Committee

RESOLVED that the item be deferred to a future meeting.

HWB 59/22 Members' Updates

There were no members' updates.

HWB 60/22 Forward Plan

Members noted the Board's Forward Plan.

Domestic Abuse update, scheduled for March to be removed.

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Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 29th March, 2023.

Present: Cllr Robert Cook (Chair), Cllr Lisa Evans, Cllr Ann McCoy, Cllr Steve Nelson, Cllr Sylvia Walmsley, Martin Gray, Fiona Adamson, Sarah Bowman - Abouna, Jon Carling, Dominic Gardner, Hilton Heslop (Sub for Julie Gillon), Peter Smith

Officers: Michael Henderson, Mandy Mackinnon, Tanja Braun, Rachel McKnight, Bethany Elliott, Katie McLeod, Vivien Saunders

Also in attendance:

Apologies: Cllr Jacky Bright, Cllr Dan Fagan, Cllr Andrew Sherris, David Gallagher, Julie Gillon, Ann Workman, Jonathan Slade

HWB 61/22 Declarations of Interest

There were no declarations of interest.

HWB 62/22 Minutes of the meeting held on 22 February 2023

The minutes of the meeting held on 22 February 2023 were confirmed as a correct record.

HWB 63/22 Post Covid

The Board received an update relating to Post COVID Syndrome.

The update included:-

- a definition of Post COVID and a clinical picture of it.
- rates of prevalence
- new vaccine research
- an overview of the Tees Active Post COVID Physical Activity Pilot
- details of North Tees Hospital Foundation Trust Post COVID Assessment Service

Discussion:

- Working with employers would be an important avenue to highlight Post COVID Syndrome and the support that was available. Targeted work with sectors such as education and care would be considered.

- It would be important to work with benefit maximisation teams to ensure those affected were receiving eligible financial support.

- The presentation had focused on the evaluation of the over 19s but there was also a children's service and an evaluation of that service could be presented to a future meeting.

- There was an estimated 6000 people with Post COVID, in the borough. Many of these would not need support and some may receive support via their GP and services that they were already being supported by.

- The Board noted the beneficial affects vaccinations could have, on an individual, in terms of reducing the severity of Post COVID. However, vaccinations could not necessarily prevent Post COVID and a range of factors would influence severity, including the number of vaccinations someone had received and how long ago they had received them, relative to when they had caught the disease.

- As COVID continued to affect people and new strains were arising it was becoming increasingly difficult to project cases of Post COVID. The Office for National Statistics survey was coming to an end, which would make projections more difficult.

- Links between the Post COVID Assessment Service and Tees, Esk and Wear Valleys Mental Trust would be of benefit in terms of some patients.

RESOLVED that the update and discussion be noted.

HWB 64/22 Thrive Stockton on Tees: Transforming Services and Support for Children and Young People with Emotional Health and Wellbeing Needs

Consideration was given to a report that provided an update on work to transform support for children and young people with emotional health and wellbeing needs in the Borough. It updated on previous reports, and outlined the way this work was being taken forward, some key highlights and actions, and next steps.

Members noted that work to change the support available for children and young people was well advanced and was leading to a significant change in the way services were experienced by children and young people.

It was explained that the focus for future work was to embed and integrate further as the model, outlined, continued to be worked through.

Discussion and key points raised:-

- It was recognised that there were significant challenges associated with dealing with children and young people's mental health at the current time.

- It was felt that the support being put in place was very positive.

- The Mental Health Support Team, in schools, would support 51% of schools by autumn 2023 and roll out would continue, so that support would be provided to all schools. Feedback from schools was positive.

- As at March 2023, the average wait for young people, awaiting assessment for mental health support, was 28 days.

- Healthwatch would be publishing a report on 0 – 19s, which included findings associated with mental health.

- Members noted that the Kooth on-line support was valued and used, however,

it was not suitable for everyone.

- The effect that social media had on mental health and providing appropriate advice and support, in this regard, was a key focus of a number of partners.

RESOLVED that the report and discussion be noted.

HWB 65/22 Substance Misuse in Stockton on Tees

The board considered a report that provided an update around substance misuse in the borough and ongoing work to expand local treatment services. The report also considered substance misuse within the context of reducing health inequalities and the development of a local peer advocacy programme.

Members noted that:

• substance misuse and drug related deaths remained a significant problem in Stockton-on-Tees.

• the local implementation of the national drug strategy 'From Harm to Hope' was supported by additional national funding for the expansion of local drug treatment services and introduction of combatting drug partnerships.

• a Tees Combatting Drug Partnership had been launched to oversee the implementation of the national drug strategy, in support of local action.

• local drug treatment services were expanding their offer to improve access to treatment and recovery.

Discussion and key points:-

- There were an estimated 14 per 1000 head of population, opiate and crack cocaine users, in treatment, in the Borough, 2020/21.

- Children's Services was interested in exploring opportunities around Family Drug and Alcohol Courts and this would be considered further with colleagues in Public Health.

- There was a general move towards working within communities around treatment and recovery. The multiple complex needs pilot would include substance misuse.

RESOLVED that the report and discussion be noted.

HWB 66/22 Members' Updates

It was indicated that there had been a recent announcement that a dentistry provider was ceasing services in Stockton. This would be raised with the ICB.

The Catalyst representative explained that work relating to Mental Health Transformation had identified gaps around community transport. Catalyst was looking at introducing a scheme whereby volunteers could give lifts to people, using their own cars. This would require the employment of a coordinator,

matching clients to car drivers and making arrangements. This would be investigated further.
Members noted that, at the end of March, the covid oximetry at home service would end, as would an additional appointments scheme and the Acute Respiratory Infection Hubs. Members were also advised of a contract change for GPs, which would, on 1 April, require every patient contact to lead to an outcome and surgeries could not ask patients to try another day. This would be challenging given the lack of GPs and other clinical staff.

Stockton on Tees Borough Council and North Tees Hospital had achieved a significant reduction in delayed discharges.

The first meeting of the Tees Valley Area ICP would be held on 31 March 2023 and the Chair of this Board had been appointed to Chair it. The Area Meeting's Forward plan would be developed to pick up local issues.

HWB 67/22 **Forward Plan**

The Forward Plan was noted.

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE
Work Programme 2023-2024

Date (4.00pm unless stated)	**Topic**	**Attendance**
20 June (1.00pm) (informal)	Scrutiny Training	Scrutiny Team
18 July	Overview Report: SBC Adults and Health CQC / PAMMS Quarterly Update: Q4 2022-23 Regional / Tees Valley Health Scrutiny Update Minutes of the Health and Wellbeing Board (February & March 2023)	Cllr Ann McCoy / Cllr Steve Nelson / Ann Workman / Carolyn Nice Darren Boyd
19 September	Review of Access to GPs and Primary Care • (Draft) Scope & Project Plan Healthwatch Stockton-on-Tees: Annual Report 2022-2023 CQC / PAMMS Quarterly Update: Q1 2023-24 PAMMS Annual Report 2022-2023	TBC Peter Smith
24 October	Review of Access to GPs and Primary Care • TBC	TBC
21 November	CQC / PAMMS Quarterly Update: Q2 2023-24 Review of Access to GPs and Primary Care • TBC	TBC
19 December	CQC State of Care Annual Report 2022-2023 (TBC) Review of Access to GPs and Primary Care • TBC	TBC TBC
23 January 2024	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2022-2023 (TBC) Review of Access to GPs and Primary Care • TBC	TBC TBC
20 February	CQC / PAMMS Quarterly Update: Q3 2023-24	

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE
Work Programme 2023-2024

Date (4.00pm unless stated)	Topic	Attendance
19 March	North Tees and Hartlepool NHS Foundation Trust (NTHFT): Quality Account (TBC)	TBC

2023-2024 Scrutiny Reviews
- Access to GPs and Primary Care
- Adult Safeguarding

Monitoring Items
- Care Homes for Older People - TBC
- Day Opportunities for Adults (Progress Update) – TBC
- Care at Home (Progress Update) – TBC

Performance and Quality of Care (standing Items)
- SBC Adults and Health – Overview Report
- SBC Director of Public Health – Annual Report
- SBC PAMMS – Annual Report
- Healthwatch Stockton-on-Tees – Annual Report
- Care Quality Commission (CQC) – State of Care Annual Report
- Teeswide Safeguarding Adults Board (TSAB) – Annual Report
- North Tees and Hartlepool NHS Foundation Trust (NTHFT) – Quality Account

Regular Reports
- 6-monthly Adult Care Performance Reports (including complaints/commendations) (new format tbc)
- 6-monthly Public Health Performance Reports (new format tbc)
- Regional / Tees Valley Health Scrutiny – Updates
- Care Quality Commission (CQC) / PAMMS – Quarterly Inspection Updates
- Health and Wellbeing Board – Minutes
- Quality Standards Framework (QSF) for Adult Services (new format tbc)

Other Reports (as required)
- Healthwatch Stockton-on-Tees – Enter and View Reports
- Care Quality Commission (CQC) – Inspection Reports (by email / by exception at Committee)