

Date: Tuesday 18 June 2024 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 Stefan Barnes
Cllr John Coulson
Cllr Lynn Hall
Cllr Vanessa Sewell

Cllr Carol Clark
Cllr Ray Godwin
Cllr Susan Scott

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 May 2024. (Pages 9 - 18)
- 5 SBC Director of Public Health Annual Report 2023-2024** (Pages 19 - 56)
- 6 Care and Health Innovation Zone**
To receive a briefing on developments around this initiative (to follow). (Pages 57 - 58)
- 7 CQC Inspection Preparation**
To receive a briefing on preparations for the anticipated Care Quality Commission (CQC) inspection of Stockton-on-Tees Borough Council (SBC) adult social care services. (Pages 59 - 106)
- 8 Minutes of the Health and Wellbeing Board** (Pages 107 - 120)

**9 Chair's Update and Select Committee Work
Programme 2024-2025**

(Pages 121 - 122)

Members of the Public - Rights to Attend Meeting

With the exception of any item identified above as containing exempt or confidential information under the Local Government Act 1972 Section 100A(4), members of the public are entitled to attend this meeting and/or have access to the agenda papers.

Persons wishing to obtain any further information on this meeting, including the opportunities available for any member of the public to speak at the meeting; or for details of access to the meeting for disabled people, please

Contact: Senior Scrutiny Officer, Gary Woods on email gary.woods@stockton.gov.uk

KEY - Declarable interests are:-

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

Members – Declaration of Interest Guidance

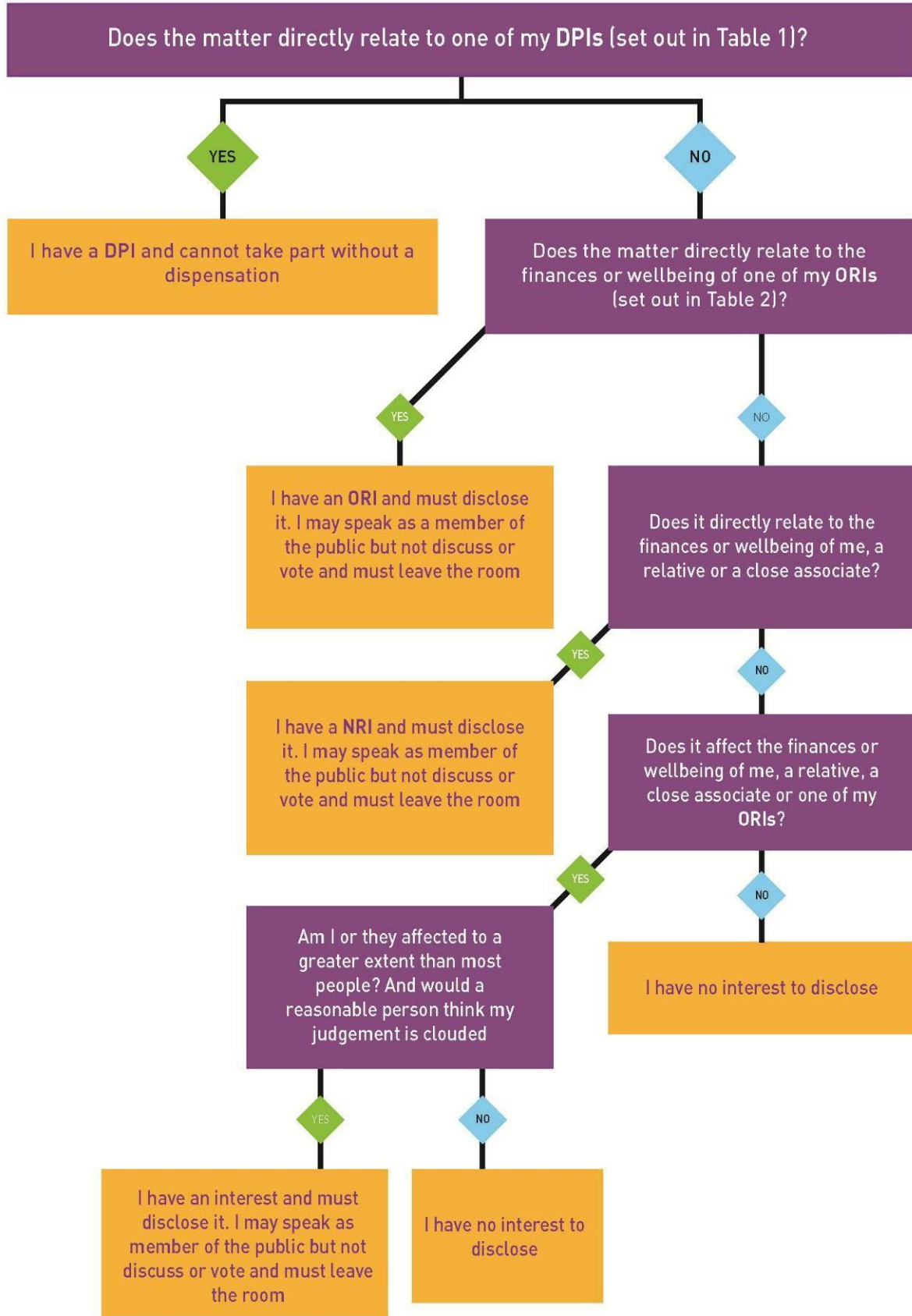


Table 1 - Disclosable Pecuniary Interests

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.

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

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

If the fire or bomb alarm should sound please exit by the nearest emergency exit. The Fire alarm is a continuous ring and the Bomb alarm is the same as the fire alarm however it is an intermittent ring.

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.

The emergency exits are located via the doors between the 2 projector screens. The key coded emergency exit door will automatically disengage when the alarm sounds.

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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Adult Social Care and Health Select Committee

A meeting of the Adult Social Care and Health Select Committee was held on Tuesday 21 May 2024.

Present: Cllr Marc Besford (Chair), Cllr Nathan Gale (Vice-Chair), Cllr Carol Clark, Cllr John Coulson, Cllr Ray Godwin, Cllr Lynn Hall, Cllr Susan Scott, Cllr Vanessa Sewell

Officers: Sarah Bowman-Abouna, Carolyn Nice, Rob Papworth (A,H&W); Darren Boyd, Gary Woods (CS)

Also in attendance: Cllr Tony Riordan, Emma Joyeux (North East and North Cumbria Integrated Care Board), David Jennings, Patrick Scott, Cllr Pauline Beall (Tees, Esk and Wear Valleys NHS Foundation Trust)

Apologies: Cllr Stefan Barnes

1	<p>Evacuation Procedure</p> <p>The evacuation procedure was noted.</p>
2	<p>Declarations of Interest</p> <p>There were no interests declared.</p>
3	<p>Minutes</p> <p>Consideration was given to the minutes from the Committee meeting held on 19 March 2024. Updates were provided on the following items that were on the agenda:</p> <ul style="list-style-type: none"> • <u>North Tees and Hartlepool NHS Foundation Trust (NTHFT) - Quality Account 2023-2024</u>: NTHFT had recently submitted responses to the Committee’s requests for additional information – these would be circulated to Members shortly. In related matters, the Trust was yet to forward its draft Quality Account document – this would be shared with the Committee once received (and would assist in the collation of the Committee’s third-party statement for inclusion in the Trust’s final published document). • <u>Monitoring the Impact of Previously Agreed Recommendations - Care at Home</u>: Further information in relation to Stockton Riverside College Health and Social Care course uptake / capacity was yet to be received – this would be followed up with relevant officers. <p>AGREED that the minutes of the meeting on 19 March 2024 be approved as a correct record and signed by the Chair.</p>
4	<p>Scrutiny Review of Access to GPs and Primary Medical Care</p> <p>Consideration was given to the draft final report for the Committee’s Scrutiny Review of Access to GPs and Primary Medical Care. Specific attention was drawn to the following:</p>

	<ul style="list-style-type: none"> • <u>Paragraph 1.7 / 5.3 (page 10 / 45)</u>: Expanded to reflect comments made at the informal ‘summary of evidence’ session in April 2024. • <u>Recommendations (page 12-13 / 48-49)</u>: Streamlined and themed as suggested during the informal ‘summary of evidence’ session in April 2024. <p>Regarding the proposed recommendations, Members highlighted the following:</p> <ul style="list-style-type: none"> • <u>Recommendation 3 (Councillors be supported in helping with these communication messages as leaders in their communities (as well as their role in raising concerns expressed by the community), and encourage positive feedback as well as concerns (to help share and spread learning and best practice))</u>: It was suggested, and subsequently agreed, to amend the start of this recommendation from ‘Councillors’ to ‘Councillors and local MPs’. • <u>Recommendation 10 (Relevant health stakeholders be proactive in encouraging involvement of patients in practice Patient Participation Groups (PPGs), aim to ensure these are representative of a practice’s patient list demographic, and consider fostering links between the Borough’s PPGs to assist in identifying / addressing any access issues)</u>: The importance of Stockton-on-Tees Borough Council (SBC) listening to PPG views was also emphasised, something which could be potentially factored into the post-review Action Plan. • In addition, whilst the issue did not feature during the Committee’s review, it was suggested that health authorities may wish to consider their links with local Planning Services functions in terms of new housing developments and the potential impact of these in relation to service demand / pressures. <p>The Committee approved the content of the draft final report (subject to the identified minor addition to recommendation 3) and was informed that the agreed version would be presented to Cabinet in June 2024. The Chair thanked Members and officers for their contributions throughout the review process.</p> <p>AGREED that the Scrutiny Review of Access to GPs and Primary Medical Care final report, including the minor addition, be approved for submission to Cabinet.</p>
<p>5</p>	<p>CQC / PAMMS Inspection Results - Quarterly Summary (Q4 2023-2024)</p> <p>Consideration was given to the latest quarterly summary regarding Care Quality Commission (CQC) inspections for services operating within the Borough (Appendix 1). Four inspection reports were published during this period (January to March 2024 (inclusive)), with attention drawn to the following Stockton-on-Tees Borough Council (SBC) contracted providers:</p> <p><i>Providers rated ‘Requires Improvement’ overall (1)</i></p> <ul style="list-style-type: none"> • <u>Willow View Care Home</u> had been upgraded from a previous overall rating of ‘Inadequate’. Improvements were, however, still required to address breaches in relation to medication management, infection prevention and control, assessing risk, and good governance.

Discussion ensued on the current situation around Willow View Care Home, with Members expressing disappointment that the 'safe' domain had remained 'inadequate' despite a six-month gap between the previously published CQC report (12 July 2023) and the last inspection (30 January and 8 February 2024), especially given it was a residential dementia service. The Committee once again noted that this was another case where issues relating to medication had surfaced, and also queried the existing occupancy levels within the setting (an overarching summary of capacity and occupancy was subsequently requested). Responding to Member comments, the SBC Director of Adults, Health and Wellbeing confirmed that the Council were engaged on a daily basis with Willow View prior to its latest inspection, had met with owners to make clear its expectations of the service, and had spoken with residents and their families. A further CQC inspection was anticipated around July / August 2024.

The remaining three reports were in relation to non-contracted providers. Focused inspections of the home care / supported living services, Moon Rise 24hr Recruitment Ltd and Avalon Teesside Services, saw them both maintain their overall ratings of 'Good'. Finally, a short notice announced focused inspection of maternity services at The James Cook University Hospital (South Tees Hospitals NHS Foundation Trust) saw the Trust maintain its overall rating of 'Good' despite maternity provision being rated 'Requires Improvement' due to issues involving staffing levels, environment shortfalls, a lack of action following risk assessments, and inconsistencies around governance arrangements.

Focus turned to the section on Provider Assessment and Market Management Solutions (PAMMS) inspections (Appendix 2), of which there were 15 reports published during this period (January to March 2024 (inclusive)):

- One service, Longlast, had retained its overall rating of 'Excellent'.
- Eight inspections had led to services being given an overall rating of 'Good' – Prioritising People's Lives Ltd maintaining their previous overall rating, with Ingleby Care Home, Victoria House Nursing Home, Highfield (Stockton), Churchview Nursing and Residential Home, Real Life Options – 96 Bishopton Road, Allison House, and Real Life Options – 2 Frederick Street all being upgraded from their previous 'Requires Improvement' outcomes.
- Of the remaining six reports, Five Lamps Home Care (Eldon Street) was downgraded to 'Requires Improvement' from a previous overall rating of 'Good', and Partners4Care Limited, Mandale Care Home, Woodside Grange Care Home (Older People's service only), and Cherry Tree Care Centre were still deemed 'Requires Improvement' following a similar overall rating from their previous inspection. Springwood received its first PAMMS inspection in January 2024 and were subsequently rated as 'Requires Improvement' overall.

Whilst welcoming the improved ratings of several services, the Committee drew its attention to less encouraging features of this latest quarterly update. Shortfalls in maintaining a clean environment at Mandale Care Home were considered inexcusable, and Members supported the decision to give the setting a 'major concerns' quality assurance level based on the latest inspection findings. It was subsequently confirmed that the service currently had a 30% vacancy rate,

something which can have an impact in terms of income, staffing levels, and estate investment.

Concerns were expressed around issues involving DBS checks at Springwood and a further example of medication-related shortcomings at Woodside Grange Care Home (Older People's service only). It was reiterated that the SBC Quality Assurance and Compliance (QuAC) Team worked closely with the North of England Care System Support (NECS) Medication Optimisation Team to continually monitor this high-risk element of provision.

The downgrading of Five Lamps Home Care (Eldon Street) was discussed, with Members seeking information on the immediate steps taken following their latest inspection. Assurance was provided by SBC officers around the formulation and monitoring of the post-inspection Action Plan and the monthly in-person visits from the QuAC Team to check on progress. The Committee expressed concern in relation to the length of time since the last CQC report was published about the service (14 July 2021), and also noted that it had previously been used in emergencies for those coming out of the University Hospital of North Tees as part of the 'Discharge to Assess' process – SBC officers stated that Five Lamps' involvement around the latter was currently under review (their current contract due to expire in October 2024) as part of ongoing work regarding Reablement provision.

Members commented that a number of the inspections within this latest quarterly report to the Committee involved services within the Thornaby area which had been subsequently rated 'requires improvement' overall, and asked if the public had access to the PAMMS inspection findings. SBC officers confirmed that information on local providers was available via the 'Capacity Tracker' website (the link could be shared) and that people considering social care support were directed to the CQC as well as advised to visit services at different times of the day (and unannounced) to gain a fair reflection of how a setting operated. SBC could not recommend a provider / service (instead encouraging people to look at a range of offers) and would continue to work with the regulator to address any identified care which fell short of the required standard.

Referencing the Allison House inspection, Members queried whether it was appropriate for the 'Quality of Management' domain to be deemed 'Good' when shortfalls in staffing had been identified. The QuAC Manager stated that staffing was a matter for the provider rather than the manager of an individual service, and noted the continuing recruitment and retention challenges for both manager and staff roles (that said, the North East was in a better place than other parts of the country). The SBC Director of Adults, Health and Wellbeing highlighted the ongoing lobbying for fairer social care funding and the first-ever production of a Skills for Care workforce strategy (due to be released in July 2024), and confirmed, in response to a Member question, that local providers did not have to rely on international recruitment. The Committee reinforced the need for authorities to start properly valuing people who worked within the care sector, particularly in relation to pay.

Special mention was given to Longlast for its outstanding inspection results and the amazing group of young people it cared for. It was noted that the more a

	<p>service appeared to engage with Local Authority initiatives (as Longlast clearly did), the better it seemed to perform.</p> <p>AGREED that:</p> <ol style="list-style-type: none"> 1) the Care Quality Commission (CQC) Inspection Results – Quarterly Summary (Q4 2023-2024) report be noted. 2) a summary of overall capacity and current occupancy of the Borough’s care homes be provided.
<p>6</p>	<p>Monitoring the Impact of Previously Agreed Recommendations – Day Opportunities for Adults</p> <p>Consideration was given to the assessments of progress on the implementation of the recommendations from the Committee’s previously completed review of Day Opportunities for Adults. This was the third progress update following the Committee’s agreement of the Action Plan in June 2022, with developments in relation to the outstanding agreed actions noted as follows:</p> <ul style="list-style-type: none"> • <u>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:):</u> <ol style="list-style-type: none"> e) <u>Considerations around the potential for assisting with identified transportation needs (e.g. ensuring public / private transport options are accessible and respond to the needs of people who use day opportunities):</u> Examples of Teeswide Dementia Friendly Community Network engagement with local bus companies and the Tees Valley Combined Authority (TVCA) were outlined – this included hybrid (face-to-face and virtual) dementia friend sessions for bus drivers and the SBC Community Transport team, the development of a bespoke online dementia friendly session specifically for bus drivers, and TVCA taking the lead on future delivery of ‘at-stop information’ which included updating the timetable template to ensure users had access to clear and reliable information when travelling by bus, and implementing a consistent posting schedule to ensure they were current. <p>With reference to the hybrid dementia friend sessions, the Committee asked for details of SBC community bus driver uptake (to be circulated after this meeting).</p> <ol style="list-style-type: none"> f) <u>Changes to the existing budget for SBC in-house and commissioned services:</u> As requested by Members during the previous update in October 2023, a snapshot of the current dashboard involving day opportunities data (Appendix 1) was provided. Since that last update, SBC had looked at the information on cost / activity and feedback from people accessing support – a re-mapping of the available in-house and commissioned services, the nature of each offer, the level of uptake of offer, and the connection with and use of community assets were being considered.

Members welcomed developments in relation to the dashboard and hoped that any future savings which accrued from using this tool could be evidenced.

- 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): As requested by Members during the previous update in October 2023, feedback on the November 2023 event was provided, as well as two subsequent events delivered alongside SBC Children's Services on 31 January 2024 and 1 February 2024. A draft Children's and Adults transitions policy had been produced (engaging the views of young people in the process) – additionally, work with the Stockton Parent Carer Forum had produced a draft 'information on transitions' document. This work would now be subsumed by the SBC *Powering Our Future* 'Transitions' project.

Officers were praised for the progress around this recommendation, particularly given challenges associated with transition from Children's to Adult Services which had been highlighted during the Committee's original review.

- 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)): Further developments were noted around the Allensway and Community Day Opportunities offers (including improvements to staffing arrangements), identification of more opportunities for collaborative working and better distribution of good practice, the commissioning of a digital social care record system (PCS) to assist both placement and day-to-day management of the SBC in-house offer, and the recommissioning of Ware Street which would fill a need gap in the range of offer available to residents of Stockton-on-Tees and would help long-term planning for individuals with more complex needs. The user engagement forums within SBC day opportunities services had given the Council perspectives on how the services could deliver outcomes in the future, as well as links to other support people felt was important, such as housing.

Evidencing the impact of these developments, officers emphasised that the workforce across day opportunities for people with a learning disability was now less stratified, with a broader set of skills and duties for all roles – this meant personal care and the developmental / enrichment offer was more accessible, with more staff meeting a greater range of needs.

AGREED that:

- 1) the Day Opportunities for Adults progress update be noted, the assessments for progress be confirmed, and the overarching Action Plan approved by the Committee following the original review be signed-off as complete (no further updates required).
- 2) SBC community bus driver uptake of dementia friend sessions be provided.

<p>7</p>	<p>Regional Health Scrutiny Update</p> <p>Consideration was given to the latest Regional Health Scrutiny Update report summarising developments regarding the Tees Valley Joint Health Scrutiny Committee, the Sustainability and Transformation Plan (STP) / Integrated Care System (ICS) Joint Health Scrutiny Committee, and the North East Regional Health Scrutiny Committee. Attention was drawn to the following:</p> <ul style="list-style-type: none"> • <u>Tees Valley Joint Health Scrutiny Committee</u>: The last meeting was held on 15 March 2024, with items including both the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and North East Ambulance Service NHS Foundation Trust (NEAS) Quality Accounts, and an update on the recent North East and North Cumbria Integrated Care Board (NENC ICB) restructure. Regarding the TEWV and NEAS items, third-party statements on behalf of the Committee would be collated and shared for comment / approval once the Trusts circulated their draft Quality Account documents. <p>Following a Committee request, an informal briefing on TEWV's use of physical intervention / restraint (a source of previous Member concern) was arranged and took place on 4 March 2024.</p> <p>As part of the established rotational arrangements, support of the Committee had now transferred to Hartlepool Borough Council for 2024-2025. The first meeting of the new municipal year was still to be confirmed.</p> <p>Referencing the note regarding the minutes of the December 2023 meeting in relation to the '<i>Office for Health Improvement & Disparities – Community Water Fluoridation</i>' agenda item, Members sought clarification on the deadline for the ongoing North East water fluoridation consultation. It was thought that the deadline was mid-June 2024, though confirmation would be sought and relayed.</p> <ul style="list-style-type: none"> • <u>Sustainability and Transformation Plan (STP) / Integrated Care System (ICS) Joint Health Scrutiny Committee</u>: No further developments regarding this Joint Committee since the previous update in January 2024. In related matters, the NENC ICB guidance on staying well and assisting services during spring, achievements regarding awareness-raising of chronic pain (an issue considered by the SBC Adult Social Care and Health Select Committee in February 2023), and developments around urgent care services across Tees Valley were highlighted. <p>AGREED that the Regional Health Scrutiny Update report be noted.</p>
<p>8</p>	<p>Tees, Esk and Wear Valleys NHS Foundation Trust: Governors response to latest CQC outcomes</p> <p>Following the Committee's request in February 2024 that the TEWV Lead Governor should be invited to a future meeting to respond to the latest Care Quality Commission (CQC) findings on the Trust from a Governor perspective, and further to Cabinet changes made at the subsequent Stockton-on-Tees Borough Council (SBC) Annual Meeting, the TEWV Chair (of both the Board of Directors and Council of Governors), as well as the TEWV Managing Director for</p>

Durham, Tees Valley and Forensics, were in attendance to provide a response to the latest CQC inspection of the Trust, progress of the Trust's improvement plan, and the role / accountability of its Governors.

Prior to taking Members through a presentation, the TEWV Chair (in the role for around two years now) reminded the Committee of the Trust's 'Big Conversation', a significant engagement initiative that was undertaken following difficult events at the former West Lane Hospital, Middlesbrough site. The results of this consultation had defined a five-year strategic plan which TEWV was presently half-way through. Whilst not yet the finished article, it was stressed that TEWV was not undertaking a process of ticking boxes, but instead sought to fundamentally change the organisation through involvement with patients and their families / carers.

The results of the latest CQC inspection (published in October 2023) were reiterated, with TEWV recognising and accepting the description of it being a Trust which required improvement (though it was also noted that the Trust was rated 'good' in both the 'effective' and 'caring' domains). Attention then turned to graphics which compared TEWVs CQC ratings from December 2021 with the current (October 2023) gradings across its 11 service areas. Whilst progress had been made in general (particularly in improving upon the December 2021 'inadequate' ratings for both wards for people with a learning disability or autism and forensic inpatient or secure wards), TEWV acknowledged that there was too much amber ('requires improvement') within the 'safe' domain and assurance was given that an Action Plan was in place to address this.

Further detail was provided in relation to the last CQC inspection of TEWV, with 'positives' and 'areas for improvement' listed. For the former, recognition of the continued good engagement with stakeholders and partners was highlighted (an important factor given that the mental health agenda did not just sit with the Trust), as was evidence of innovative practice (co-creation initiatives, and embedding of the lived experience voice within governance structures which helped shape the delivery of services). In terms of the latter, identified workforce issues had since been addressed through strengthened oversight of daily deployment of staff and successful international recruitment for doctors / nurses (TEWV was also now in the top 10 mental health Trusts nationally for employee retention), there was a new strategy in place for physical health monitoring, and the serious incident backlog (acknowledged as unacceptable) had been cleared following the introduction of the Patient Safety Incident Response Framework (PSIRF). In summary, the CQC had recognised that significant improvements had been made since 2021, and a lot of further work had been done since the publication of the regulator's report in October 2023.

The Committee began its response to the information provided by highlighting its historic concerns that the Trust's Governors were not doing enough to hold the Non-Executive Directors to account, as well as past assurances provided by the now previous Lead Governor back in February 2022. Members were very much aware of the five-year 'journey of change' (which some would say started in 2019, not two-and-a-half years ago), but the last CQC inspection once again raised numerous concerns, particularly in relation to a lack of learning from deaths, hence the request for a collective view from the TEWV Governors. Ultimately,

the positivity which was regularly translated by senior Trust personnel needed to filter into improved results on the ground, especially within the CQCs 'safe' domain.

Members continued to reflect on developments in the aftermath of events at West Lane Hospital and noted that TEWV performance was still declining post-2019 (resulting in the Trust being served a warning notice by the regulator in mid-2021). TEWV had changed its Board and Chair in recent years, yet the CQC still rated it 'requires improvement', and the Committee felt a lingering sense of the Trust waiting for an issue to be highlighted before doing anything about it and, in essence, firefighting one problem before another emerged. Other concerns were outlined, including reported historic criticism that Governors were not listened to, a lack of detail / data provided to back-up claims of improvement, and NHS staff survey results where many measures appeared to fall below the median for benchmarked Trusts. A lot of people relied on TEWV's services, and assurance was needed around the effectiveness of the Governors and their collective ability to hold relevant parties, and themselves, to account.

The TEWV Chair stated that he did not agree with a number of the Member observations made and that the Trust was aiming to be balanced and reflect the positive change that the CQC had found when last inspecting services. No mental health Trust in England had been rated above 'requires improvement' in the last two years, a situation which may indicate the nature of increasing numbers of people requiring help and greater acuity of those wanting to access it. From a Council of Governors perspective, the group had come a long way and had played its part in improving the offer (e.g. highlighting the number of lost calls in relation to the crisis line).

TEWV's backlog of serious incidents requiring investigation was probed, with Members noting that this continued until it was highlighted by the regulator. The Trust representatives reiterated that this was untenable, and that criticism of the Trust for not getting its act together 18 months-two years ago was valid. Attempts to tackle this in partnership with other NHS colleagues had been made, though challenges around staffing and the demand for mental health support had inhibited progress. However, the fact that the backlog had now been addressed (involving the dedication of a lot of professionals' time) demonstrated the increased 'grip' of the Board.

The Committee expressed deep concern around the state of children's mental health and sought confirmation that services for young people would be prioritised. The TEWV Chair gave assurance that much was already being done to address the mental health needs of children and young people, and that such provision would certainly be central to the organisation's focus of attention. The Integrated Care Board (ICB) was also echoing concerns regarding waiting lists, something which TEWV had already started to reduce following its work on iThrive (model to support children and young people to access mental health services).

Looking ahead to the Trust's next CQC inspection, Members asked what reassurance could be given that those areas requiring improvement would be upgraded to reflect provision that was deemed 'good'. The TEWV Chair stated that no guarantees could be provided since it was the regulator's view that would

	<p>determine the ratings, but did highlight the increased number of 'good' domains compared to the end of 2021. That said, improving TEWVs 'safe' domain ratings was now a real focus, and the Trust would be happy to provide data to back-up evidence of progress where requested.</p> <p>Members acknowledged that the TEWV Chair had come into the role during a time when the Trust was grappling with significant legacy issues, and expressed their hope that both he and the Governors were strong enough to hold the Board to account over its performance. Decisions to call TEWV in to address the Committee were not taken lightly, but there was a strong desire to see improvement (in staff satisfaction as well as in the delivery of services).</p> <p>SBCs recently appointed TEWV Governor (the new Cabinet Member for Adult Social Care) was also in attendance and gave assurance to the Committee that Trust-related information would be shared whenever it could be. Emphasising the need to move on from the previous SBC representative, Members responded by urging the new TEWV Governor to make a positive impact in the role and commended the recent circulation of the Trust's carers newsletter. Clarity was also requested around the origins of the decision to appoint a Cabinet Member as a TEWV Governor and how that should be taken.</p> <p>Concluding this item, the Committee Chair thanked the TEWV representatives for their attendance / information, and for responding to comments / questions.</p> <p>AGREED that:</p> <ol style="list-style-type: none"> 1) the information submitted by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) be noted. 2) confirmation be provided around the origins of the decision to appoint a Cabinet Member as a TEWV Governor and how that should be taken.
<p>9</p>	<p>Chair's Update and Select Committee Work Programme 2024-2025</p> <p><u>Chair's Update</u></p> <p>The Chair had no further updates.</p> <p><u>Work Programme 2024-2025</u></p> <p>Consideration was given to the Committee's current work programme. The next meeting was due to take place on 18 June 2024 where the SBC Director of Public Health Annual Report 2023-2024 (recently considered by Cabinet) would be presented. Also scheduled were two briefings, the first on the Borough's new Care and Health Innovation Zone, and the second on the Council's preparations for the anticipated forthcoming CQC inspection of its social care services.</p> <p>AGREED that the Chair's Update and Adult Social Care and Health Select Committee Work Programme 2024-2025 be noted.</p>

SBC DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023-2024

Summary

The Committee is requested to consider the SBC Director of Public Health Annual Report 2023-2024.

Detail

1. Under the Health and Social Care Act (2012), the Director of Public Health has a duty to prepare an independent annual report. The Local Authority's duty is to publish it.
2. The SBC Director of Public Health Annual Report 2023-2024 outlines the challenge of persistent health inequalities experienced by people in Stockton-on-Tees. The report highlights existing examples of good practice and strong partnerships with other organisations and the voluntary and community sector, but is clear that a holistic and systematic approach is required to go further and faster in addressing inequalities. The proposed approach with interventions in civic society, community and services based on a self-assessment complements the Council's *Powering Our Future* policy.
3. The report was considered by SBC Cabinet on 16 May 2024 and then subsequently by full Council on 29 May 2024.
4. The SBC Director of Public Health is scheduled to be in attendance to present the report which is included within these meeting papers.

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**Director of Public Health
Annual Report
2023/24**

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Foreword

This year's Annual Report highlights the challenge of the health inequalities experienced by people in Stockton-on-Tees. We know our residents are experiencing even more challenges as a result of the cost-of-living situation and the ongoing impact of the Covid-19 pandemic. As I write, local authorities are also experiencing unprecedented financial pressures, making our responsibility even more pressing to drive better outcomes and make best use of our resources.

Fortunately, in Stockton-on-Tees we have excellent partnership working with other organisations and a strong voluntary and community sector. This helps us to be more innovative in our approach and to continue to make real sustainable impacts on health inequalities. We will need to work together ever more closely across partners. The voice of local people in all of this is also absolutely crucial and you will find some examples of the great work going on in our community, contained within this report. Also highlighted here are some actions we can take together across partners and communities in the borough to build on this work and go further and faster in improving outcomes and reducing inequality.



Cllr Steve Nelson
Cabinet Member for Health, Leisure and Culture

Introduction

We must not be tempted to become disheartened by the fact that inequality in all its guises persists both nationally and here in our borough, despite the actions that are being taken to try and address this. The impact inequality and poor wellbeing have on the lives of local people is very real, unjust and often rooted in preventable causes. This said, I think we have a better opportunity than ever to address this in a meaningful way – there is a real will and passion to address inequality across our local health and wellbeing system and to work in partnership together with communities, who sit at the heart of all we do.

The good news is that we have really strong local building blocks, through the many strengths and work in our local communities and organisations. Secondly, we do have some evidence of what works in helping to improve outcomes and address inequality. The challenge is to apply this systematically across all partners in the borough and to commit to following this through despite wider changes and challenges, so that we can realise the impact. This report proposes an approach to help us, working across the local health and wellbeing system and agreeing a strategic approach and practical actions across civic, community and service areas.

I hope the report is useful in helping drive forward our collective activities to improve outcomes with, and for, local people.



Sarah Bowman-Abouna
Director of Public Health

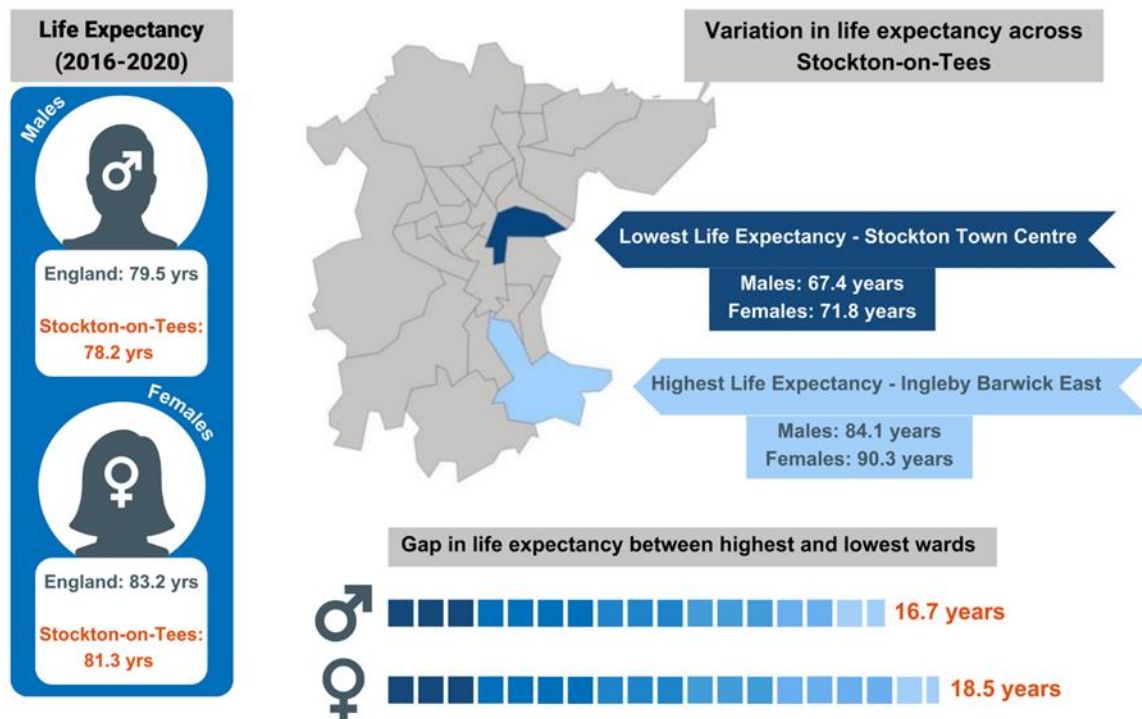
Executive Summary

- Though much good work is underway, health inequalities still manifest themselves every day across our borough.
- A holistic and systematic approach is needed, to address health inequalities across the borough.
- There is some clear evidence on the approach we could take to progress this locally. It is clear, that action must go beyond addressing poverty and deprivation (important though these are) to address the multiple factors that impact on people's lives and underpin inequality.
- Much local work is underway, within the local community, the Council and the wider system. Some examples are outlined in this report – it is crucial we collectively understand the impact we are having in seeking to address inequalities through both the stories of our local people and the data we collect.
- The Population Intervention Triangle (PIT) is proposed as a way of bringing this together and progressing work further.
- The PIT model focuses on action in civic society, the community and services; and also the interface between these and complements the Council's Powering our Future policy.
- To support this, a number of practical tools can be used to make sure the approach is embedded across the Council and wider local system. A self-assessment with partners is a helpful way of starting this process.
- The report makes some recommendations on the next steps we could take as a local system to go further, faster in addressing inequalities.

Our picture in Stockton-on-Tees

We have recently had the opportunity to review some of our key measures of health and wellbeing, as part of our local Health and Wellbeing Board developing its Strategy for the next few years. Across the population, life expectancy has increased for females from 81.4yrs to 82.1yrs (from 2011-15 to 2016-20). It has remained static for males at 78yrs (2011-15 to 2016-20). However, there is a wide discrepancy in life expectancy at ward level across the borough as shown in **Figure 1** (more detail - **Appendix 1**).

Figure 1: Inequality in life expectancy across Stockton-on-Tees



The gap between people living in the most deprived wards and those living in the most affluent wards is 16.7yrs for men and 18.5yrs for women. This gap in life expectancy is one of the widest gaps in country and has been persistent for some years despite significant efforts across organisations. Though we have some examples of really good practice, it has proven challenging to put in place systematic action across all organisations in the local health and wellbeing system. Local statutory organisations will also need to work more closely together with communities, to understand how to make change happen together.

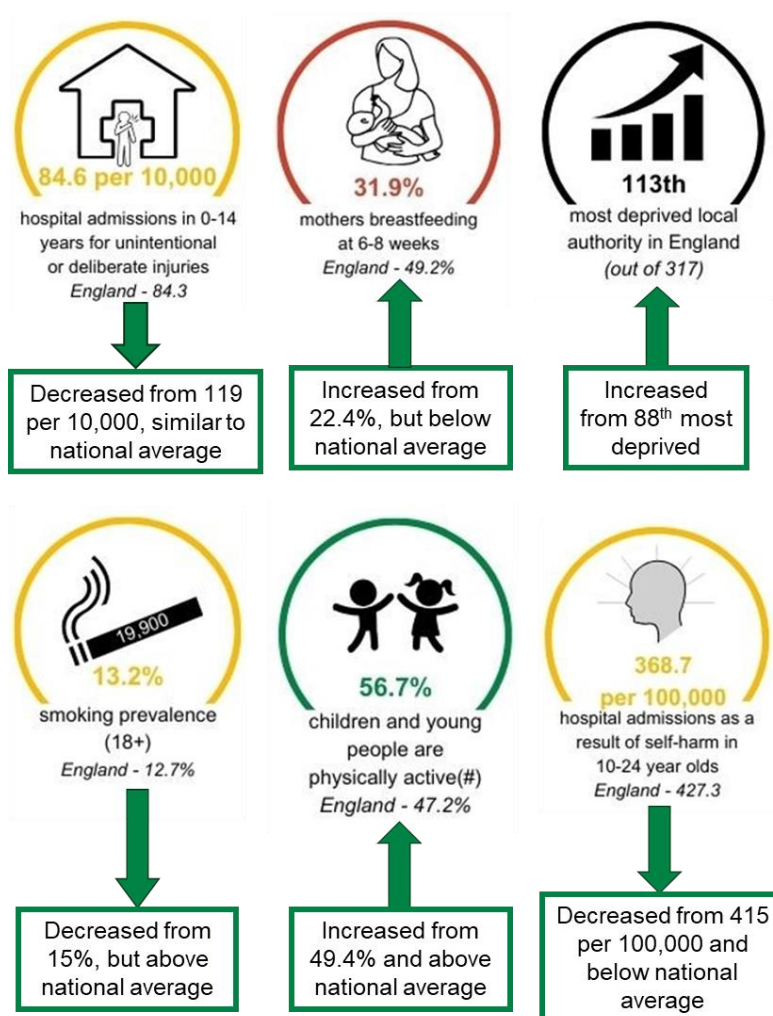
Inequality in life expectancy

- Inequality in life expectancy across different parts of the borough has increased for females between 2011-13 and 2018-20. All but two deciles have seen a decrease in life expectancy, and this decrease has been greatest in the most deprived areas. In particular, the gap between the most deprived and next most deprived decile has widened.
- For males, inequality in life expectancy seems to have reduced however this may be due to a reduction in life expectancy in some of the borough's affluent areas (**Appendix 2**). Particularly striking is that the 7yr gap between the most deprived decile and the next has not reduced.
- This picture for females and males emphasises the need for targeted action working with the most deprived communities as well as action across the whole population (the sliding scale or 'proportionate universalism' approach).

Importantly, we also have local inequality in healthy life expectancy. That is, there are big differences across our borough, in how long people are living in good health. Healthy life expectancy is 61.5yrs for females and 60.1yrs for males (compared to England figures of 63.9yrs for females and 63.1yrs for males – 2020 data). At the same time, retirement age and the cost of living have increased meaning more local people need to work while in poor health or are unable to work as long as they need to due to their health. This clearly means an impact on society, on individuals, families and community life, as well as the opportunity for some to contribute to the local economy.

Encouragingly, there has been some progress in outcomes since our last Health and Wellbeing Strategy was published in 2019 (compared with most recent data: **Figure 2**).

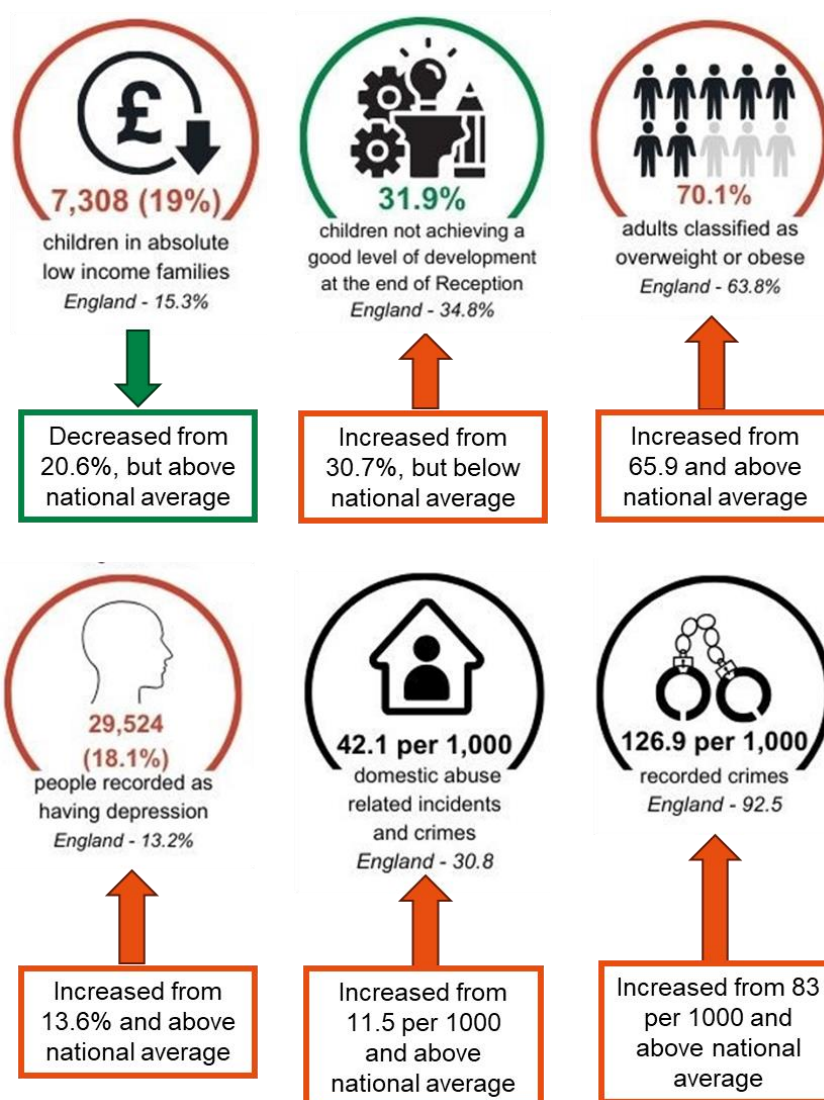
Figure 2: Improved outcomes (since 2019) - Examples



These improvements are positive news, though as the data above shows some outcomes that have improved remain worse than the national average. Figures for the whole borough also mask inequalities across different parts and communities of the borough. For example, there has been a drop in smoking across the population both nationally and locally in the last decade. Change in national policy (e.g. smoke free public places from 2017) has been a key factor in this change and has impacted the acceptability of smoking to the general public. At the same time, smoking remains the key preventable cause of premature illness and death. Smoking rates also remain highest (and higher than the national average) in some of the groups in our community that are susceptible to worse health outcomes, such as workers with routine and manual occupations, people with a mental illness and pregnant women. Inequalities therefore remain.

Equally, some of our population indicators illustrate the ongoing challenge in improving health and wellbeing in the borough (**Figure 3**).

Figure 3: Worsening outcomes or outcomes illustrating inequality (since 2019) – Examples



These figures also show that health remains poorer in some of our communities than others. These communities are more likely to experience poor health and the factors that lead to poorer health. Often, several factors combine to mean that some communities are disproportionately impacted and have disproportionately poorer outcomes. For example, communities who live in areas of greater deprivation, and some ethnic groups, are more likely to be overweight or obese. Some of the figures are root causes of poor outcomes and inequality. While less children are living in absolute poverty, almost 20% of our local children remain in families who are in absolute poverty and the impact this brings on health, wellbeing and overall life chances. Of course, there are always examples where people are able to overcome these disadvantages and inequality but at population level the evidence is clear that factors such as deprivation lead to poorer outcomes.

Perception and culture are also important. For example, where more recent local figures show that reported crime may be reducing, communities tell us that fear and perception of crime is a significant concern for residents and this will inevitably impact on other issues such as feelings of safety, mental wellbeing and how comfortable people feel to be active outdoors in their local neighbourhoods.

What do local people say?

Working with local communities in a different and more meaningful way is a priority for the Council and important to many local partners. The Council's Powering our Future programme gives focus to this, looking to understand and build on strengths and assets in communities and work closely with communities to shape our local priorities, to develop how we work together to deliver them and to understand whether we are collectively making a difference. This is a large programme of work but will be built on existing building blocks of good work in the community and in partner organisations. We are very fortunate to have a strong and vibrant voluntary, community and social enterprise sector in the borough as well as the many small and larger actions that people carry out in the neighbourhoods and communities every day to support each other. At the same time, it is important to acknowledge the impact that wider issues continue to have on local people, such as the cost of living and the ongoing impact of the Covid-19 pandemic.

The Council carried out a residents' survey in late 2023 which had 1,637 responses and provided a snapshot of the views of local people.

Residents' survey – some headlines

- 70% feel satisfied or very satisfied with life overall
- 16% felt very anxious, 16% anxious on the previous day
- 81% felt they can rely on people if they have a serious problem
- 7% always felt lonely and 40% some of the time or occasionally
- 40% had volunteered in the last 12 months
- 56% felt they belong to their neighbourhood
- 50% felt safe (walking alone after dark) in their neighbourhood

To build on this we need to forge closer links across our diverse communities in the borough to feel safe and connected and less anxious or lonely (63% of the residents survey were age 50yrs + and 92% were of white ethnicity). As well as many examples of good work across the local community, there are examples of the Council and partners reshaping our approach to working with communities which we can build on:

- The Powering our Future programme is focusing on supporting and empowering community capacity building and seeking to embed co-production and partnership with communities, learning from other areas
- A Making it Real Board has been established to provide a community view and voice on strategy and decision-making on health, wellbeing and adult services in the Council
- Co-design and co-production are taking place in a range of work areas including support for people caring for those with substance misuse issues; the new model for sexual health services; community-based interventions and support for healthy weight; and the design of the children and young people's health and wellbeing model, with children and families

What works? Addressing health inequalities

Given the existing work underway, what more can be done to see a real shift in addressing health inequalities? The research evidence points to balancing action on where there is the most scope to improve health, cost effectiveness and fairness (focusing on the building blocks of health, which are not evenly distributed).

Robust research evidence on addressing health inequalities tells us to:

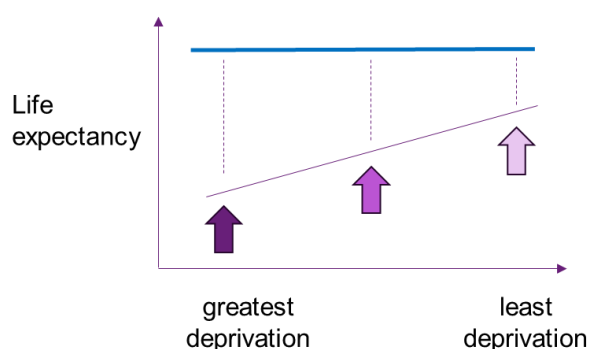
1. Provide **support across the population, according to level of need** - not just those in the most acute need or the areas of greatest deprivation. I.e. A mix of population interventions and high risk (targeted) approaches is needed
2. Understand and address the **relationship between** the many factors that drive inequality – rather than just a focus on poverty
3. Focus on **population and place**, not just individual behaviour to address the root causes of health inequality and build protective factors

1. The 'sliding scale' approach (proportionate universalism)

In his seminal research-based report *Fair Society, Healthy Lives* (2010), Prof. Sir Michael Marmot set out that to address health inequalities, it is important to provide support across the population, tailoring this to the level of need (a 'proportionate universalism' approach). This means a mix of population-wide approaches is needed, from universal through to early help and then to more targeted approaches working with communities at greatest risk. Though supporting local people with the greatest need is very important, focusing just on these communities will not improve overall population health and wellbeing; it will also lead to need escalating in groups of the population who previously needed less or minimal support. This feels particularly pertinent currently, when the cost-of-living situation means that people who were previously managing (or even managing well), are finding themselves in need of extra support.

To achieve this sliding scale approach (**Figure 4**), more 'effort' (resource, innovation) is needed to increase outcomes in areas and communities of greatest disadvantage, whilst maintaining support across the spectrum of the population:

Figure 4: Improving outcomes across the population



Maintaining this approach can be challenging in extremely resource-stretched times, however it should be seen as an invest to save opportunity with a focus on maximising existing resources and innovating to work in different ways rather than on a requirement for additional resource. That said, a period of transition from reactive-focused to more prevention-focused approaches will be needed. Strategic coordination and leadership across the local health and wellbeing system is key to successfully making this shift.

Marmot also described that deprivation is only one factor leading to inequality and that people experience inequality because of the interplay between various factors e.g. sex, race, disability.

2. Intersectionality – the relationship between drivers of inequality

Inequality is a complex issue – we cannot expect simple solutions to solve complex problems.

'One size fits all' approaches aimed at reducing inequality, **leave people behind.**

System-wide leadership and working alongside **communities**, help shape approaches that promote equity and improve outcomes.

'It's not just about lived experience but a critical reading of that lived experience that can shape policy-making. There is always a risk that it becomes just about people's experiences, not about the people that need to hear them.' (VCSE interviewee, IPPR*)

* <https://www.ippr.org/articles/an-intersectional-approach-to-poverty-and-inequality-in-scotland>

Intersectionality is 'A lens...for seeing the way in which various forms of inequality often operate together and exacerbate each other' Crenshaw (1989). It is crucial that we understand and address the relationship between the many factors that drive inequality. Poverty is very important but is only one of these factors. As well as being supported by the research evidence, this approach is used by a range of bodies including governments, the World Health Organisation and the World Economic Forum.

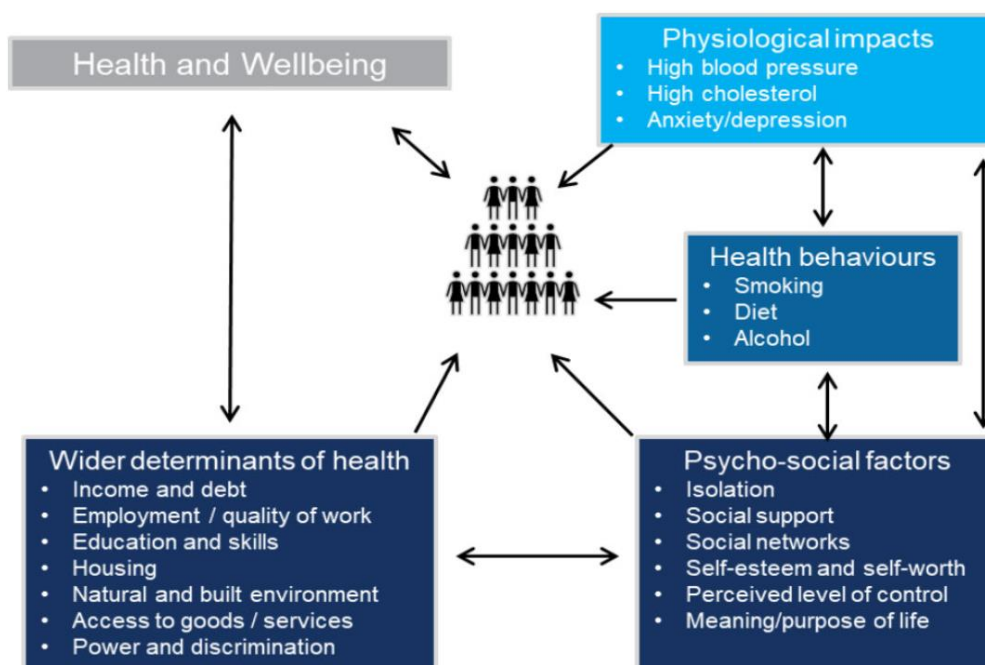
In 2021 an Institute for Public Policy Research (IPPR) report* in Scotland looked at research on policy, and on speaking to people with direct lived experience (**Appendix 3**). It recommended:

- Targeted approaches that focus on eradicating barriers to access experienced by specific groups.
- More democratic policy making, engaging with experts in intersecting inequalities and ensuring policy makers reflect the community.
- Embed partnership working with experts by experience, building long-term relationships with people with direct experience of poverty and / or other forms of inequality.
- Gather evidence and develop recommendations on how to address persistent gaps in understanding of e.g. BAME groups.
- Recognise that dismantling structural inequalities will take time, sustained work and appropriate resourcing.

3. Population and place focus

To effectively and sustainably address health inequalities and improve health and wellbeing, research evidence also highlights the importance of focusing on population and local place-level actions, rather than just on individual behaviour. Doing so helps not only address the root causes of health inequalities but also build protective factors such as resilience, healthy relationships and social connections, hope for the future and social and emotional development in children. A simplified system map of the causes of health inequalities is shown in **Figure 5** below which is also supported by Marmot’s work.

Figure 5: System map of the causes of health inequalities



(Adapted Labonte model, PHE 2021: <https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report>). The model is a simplification and there are many interactions between the different factors.

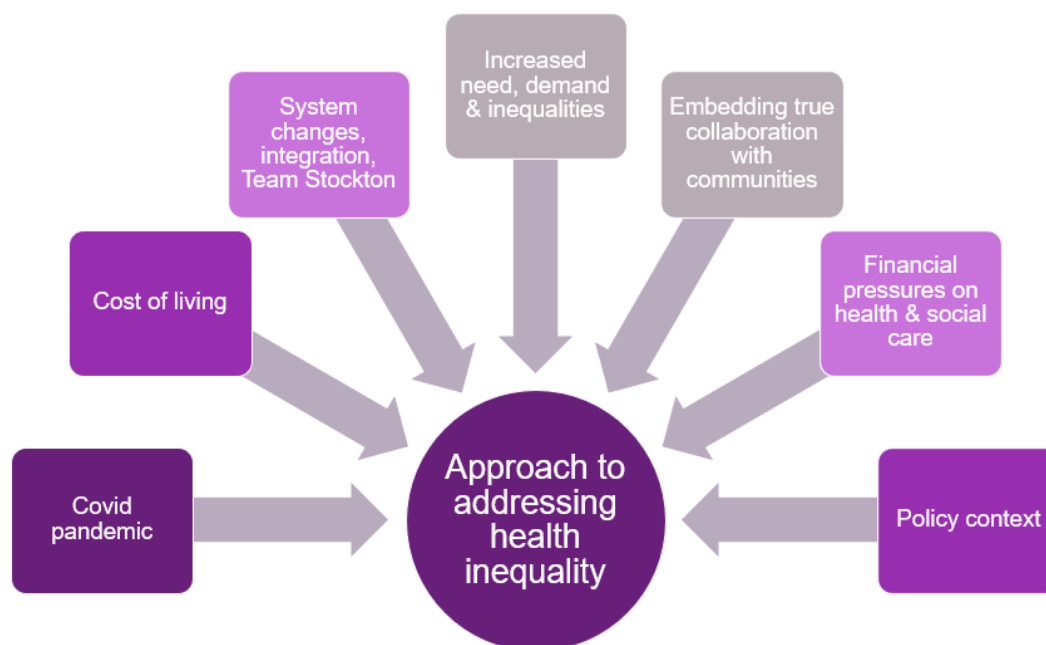
The learning from this approach shows:

- Health inequalities stem from variations in the wider determinants of health and whether people have access to psycho-social mediating and protective factors. This means that people do not have the same opportunities to be healthy.
- Given the range of causes, a joined-up, place-based approach is needed to tackle the complex causes of health inequalities.
- Interventions that solely rely on individual behaviour change are likely to widen inequalities given the complex pathways impacting on capability, opportunity and motivation to change.
- Action on behaviours and conditions need to be addressed within the context of their root causes (the wider determinants of health). For example, we know that a significant proportion of the gap in life expectancy in the borough is due to circulatory and respiratory diseases and cancer (**Appendix 4**), however addressing the wider causes such as access to green space and the impact of planning on health (not just lifestyle factors e.g. alcohol) will help to prevent these conditions and improve wider health outcomes.

There is a critical role for **local areas** to play in reducing health inequalities across the population, by taking a **joined-up place-based approach** - and utilising the **leadership, expertise** and **local levers** that are available to create **conditions that help people to be healthy**.

Current local context

While sadly inequalities in health and wellbeing have been a feature locally and nationally for some time, the context has changed in a way that now presents an opportunity to galvanise and drive forward local action in a way that has not been possible before. Some of the main factors affecting our collective approach to addressing health inequalities are summarised as follows:



Across the local health and wellbeing system there has been:

- A renewed focus on addressing health inequalities across the system, including the *A Fairer Stockton-on-Tees* framework to address inequalities being adopted with an initial focus on poverty. Also, a recognition of the need to look at the interface between geographical place and community characteristics (gender, race, experience, etc.) that impact on inequalities.
- The recent development of a Place Leadership Board for Stockton-on-Tees to lead joined up working across key partners, to develop a shared vision for the borough.
- The ongoing refresh of key strategic documents across partners including the corporate plan for the Council and the Health and Wellbeing Strategy.
- The evolution of the Integrated Care System (ICS) including the development of a 'place plan' for the Tees Valley and the regional ICB Strategy Better Health and Wellbeing for All.
- An increasing drive towards closer joint working and health and care integration.
- Development of the Council's Powering our Future programme which covers communities, partnerships, colleagues, transformation and regeneration. This programme is being implemented and includes cross-cutting work on the approach to early intervention and prevention.

Local action

Across the Council, community and partners a range of activity is already taking place to address inequality. A few examples are highlighted in this report followed by suggested next steps on how we build on these, make the approach more systematic across partners and respond to the evidence on addressing the complex causes of inequality and wider socio-economic determinants. The examples span targeted work with those in the community with the most complex needs; examples of a 'sliding scale' (proportionate universalism) approach according to level of need; and wider community and cost-of-living activity. In reality, there is often cross-over between these approaches.

1. Targeted support

Working with people with multiple needs

Across the borough there are many examples of working with some of the most vulnerable communities which we can learn from and build on, particularly with joined up approaches in mind that build on strengths and work with individuals and families.

Stephen's story

Stephen (not his real name, 18yrs old) was referred to our local Individual Placement Support (IPS) service (Stockton Hartlepool Employment Connections, SHEC) in September 2023. He was using Cannabis daily and other drugs, including ketamine and crack cocaine weekly when he could afford to do so. Experiencing suicidal feelings, he was referred to CAMHS (Child and Adolescent Mental Health Service) in October 2023.

Our substance misuse provider Change Grow Live (CGL) and CAHMS worked closely together and with Stephen, with a clear reduction plan of his substance use and a package of psychosocial interventions. Stephen engaged well with this support and was motivated by his potential future and desire to work. He was then introduced to our local Individual Placement Support service by their key worker and though he was very motivated, Stephen struggled with low self-esteem and a previous apprenticeship that he had broken down due to a lack of understanding of his mental health needs and substance misuse. The IPS Employment Specialist worked with Steve to:

- Help him to produce a CV and applications
- Liaise with employers, training providers, and other agencies that fit his goal
- Work on a statement of disclosure, so Stephen could confidently be upfront about his journey
- Provide one-to-one support
- Allay his feelings of being overwhelmed
- Keep track of appointments, applications and interviews

Stephen has now been successful in securing a mechanics apprenticeship, is substance free and his mental health is stable. He is being supported to begin living independently. At his most recent interview, he spoke highly of the support he had received and how positive he felt about his future.

Latest figures show that 11 people from Stockton-on-Tees (who were in structured treatment for substance misuse) were supported into employment in the first year of the IPS programme - a real achievement with SHEC as a new provider having also built relationships with local businesses in that time. The service supports local people of different ages.



(Local 55 year old male)

In addition, we are testing a new approach working with a range of partners for peer advocates to work alongside some of the individuals in the borough with the most complex needs, based on learning and approaches from elsewhere. The advocates will work with people who are often experiencing mental ill health, substance misuse, domestic abuse and housing needs to help identify what is important to them and how barriers to support available can be removed. Working alongside Teesside University we are looking forward to evaluating and learning from the programme, using peer research. The intention is to use this to inform our collective approach to working with communities with multiple needs, building on their strengths and helping us co-design models of support that will meet their needs.

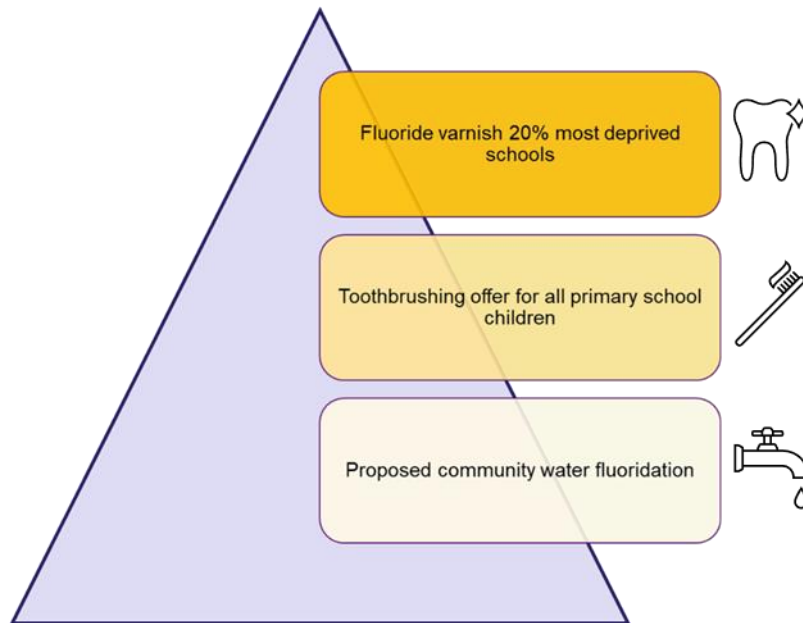
Mobile vaccination clinics for homeless people

During the pandemic it became clear that people with pre-existing chronic conditions were at particular risk of harm from covid. Whilst many homeless people experience poor health uptake of covid vaccinations was low. The NHS, the council's housing and public health teams and local hostels worked closely to offer mobile vaccination clinics in accessible locations, at the right day and time for the target group and to complement the offer with food vouchers and further health and wellbeing support.

2. Tailoring support according to need

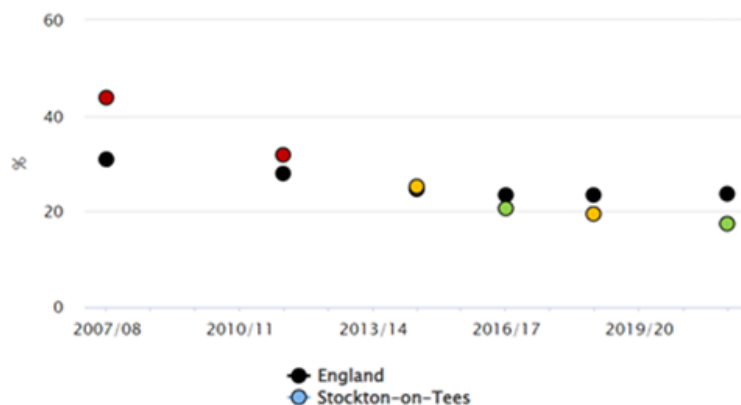
Oral health

Good oral health is an important part of health and wellbeing. Tooth extraction because of decay is the main reason for children needing a general anaesthetic. School absence, pain and impact on self-esteem are also associated with decay. In Stockton-on-Tees we have historically had a 'sliding scale' approach to support (universal through to targeted) which has helped improve outcomes:



Fluoride varnish is currently being reinstated following the impact of the Covid-19 pandemic. At the time of writing, the Bill introducing community water fluoridation is going through the parliamentary process. This will benefit the whole population with a particular benefit in areas of greatest deprivation. The local toothbrushing programme and fluoride varnish provision, have helped reduce dental decay in children over recent years, supported by population-wide health promotion work on reducing sugary diets which also help promote healthy weight. The borough's Community Wellbeing Champions (a network of 70+ individuals and voluntary and community organisations across the borough, funded through public health) have also helped distribute oral hygiene packs in the community.

Figure 6: Percentage of 5-year-olds with experience of visually obvious dental decay

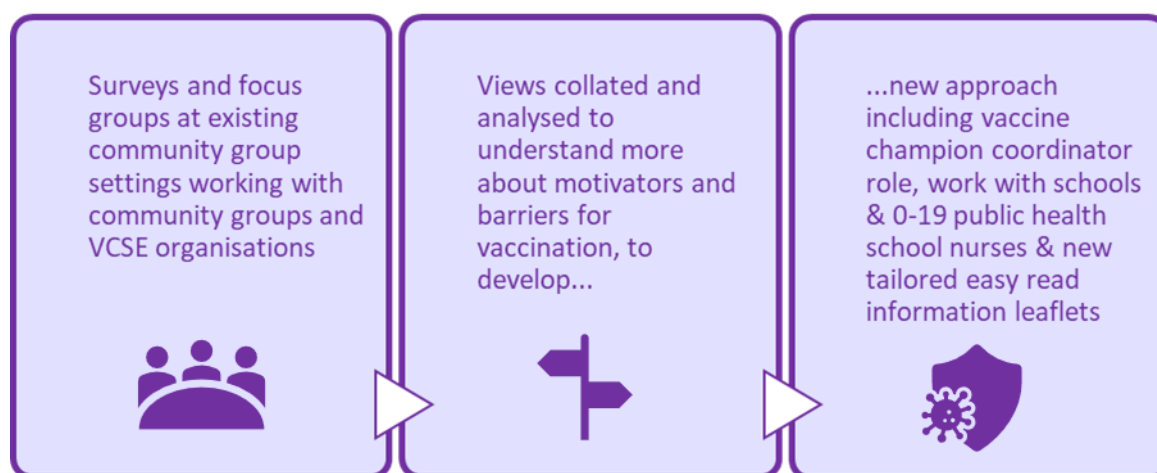


Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children (Biennial publication - latest report 2022) <https://www.gov.uk/government/collections/oral-health-surveys-and-intelligence-children>

Secondary school-age vaccinations

Historically, we have had good immunisation rates in our children and young people across the borough. However, this has changed locally and nationally and secondary school age vaccination uptake in Stockton-on-Tees has fallen significantly in the last two years to below the England average (including HPV vaccine for 12–13 year-olds, Meningococcal ACWY vaccine and Tetanus, Diphtheria and Polio for 14-15 year-olds). We know that vaccinations remain one of the best population-wide ways of protecting health.

In 2023, the Council’s Public Health team used inequalities funding from the Integrated Care Board to work with a local behavioural insights organisation in carrying out research in local communities. The research focused on understanding attitudes and behaviours regarding the vaccinations among the young people, their parents and carers and professionals e.g. teachers. It was particularly focused on seeking views from communities in more deprived areas and young people identifying from BAME communities where it has previously been harder to hear the communities’ views.



NHS Health Check

Cardiovascular disease (CVD) can affect anyone but is more frequently found in people living in the poorest neighbourhoods. Cardiovascular events such as heart attack and stroke remain one of the biggest killers in England. The free NHS health check is promoted locally to assess the risk of CVD in anyone over 40 who has not yet been diagnosed with a chronic condition linked to CVD and to offer advice and support to make changes to live more healthily.



This free Check is offered to all 40-74yr olds through their GP. It aims to detect risk of heart disease, diabetes, kidney disease & stroke and provide help to prevent these conditions. Locally public health works with GP practices and others such as community champions to successfully promote uptake of the check among communities in the most deprived areas, who are at greater risk.

- 40% of local people taking up the Check are from the most deprived areas
- 1,024 people from these areas had their Check in the 12 months (2022/23 – 2023/24)

3. Cost of living and wider community support

The Council is committed to addressing poverty by providing Cost of Living support. This is supported by the current development of an Anti-poverty strategy and the outstanding work of the Stockton Infinity Partnership and the local Welfare Support service, which supports residents to claim benefits to which they are entitled. The Infinity Partnership is recognised as the most effective Financial Inclusion Partnership in the country and ensures key partners work together to maximise income and assist those in debt.

Amazing work is done in the community in Stockton-on-Tees, through a range of groups and organisations. This work is the backbone of community resilience in the borough and a huge support to local people. A few case studies are highlighted here.

'Rosie'

Rosie (not her real name, >60yrs old) disclosed she is on medication to help with her mental health issues. Having previously been a school cook, she was glad to be invited to a cooking session where she received a slow cooker and casserole cookbook free of charge. Rosie believes this has saved her money on energy bills. Staff learnt she needed financial support and referred her to the Citizens Advice Bureau (CAB) who have assisted with her immediate and longer-term issues, going 'above and beyond' in her words. Rosie is regularly helped with emergency food parcels when the CAB are working on complex financial issues that can't be resolved overnight.

It came to light that some of Rosie's financial issues stemmed from supporting family members, who have since been offered supported and referred to services such as the Stockton-on-Tees Active Travel Hub as they were eligible for a free bike. Rosie has also been helped by Thirteen's Hardship Fund. She said: 'This community pantry and lunch club really is a godsend; I don't know how I would manage without it most weeks.'



'Wayne' – Norton Community Pantry

Wayne is a single man in his 30s who depends on benefits and cares for his three children between Friday and Sunday each week, and regularly through school holidays. He lives in private rented accommodation which he struggles to afford and has severe mental health problems. Wayne has disclosed that he often does not eat for a few days to ensure he has enough food in stock for when his children visit over the weekend. He attends the pantry each week and regularly receives an emergency food parcel.

Staff have referred him to the CAB for financial support and advice. To aid his mental health, they have also facilitated access to training via Thirteen and volunteer sessions to improve green spaces at St Michael's Church in Norton. Wayne has also been referred to the Green Doctor to receive emergency funds to get his energy supply reinstated at home.

Wayne said: 'I've never received any support before and didn't know what help was out there, so I'm very grateful for the support that has been given to me.' The CAB are currently working towards a personal independence payment award for Wayne which would improve his situation, alongside seeking more affordable housing.

The PALS Hometown Project is an innovative approach to improving men's mental health awareness and well-being in Stockton-on-Tees, with a focus on the Town Centre wards. The project enables regular meetings that allow men of all ages to talk about their mental health, isolation and overall wellbeing in a safe, community space lead by peers. It connects people and signposts them to relevant services through initiatives like Infant Hercules Men's Choir (with 110 members) and community wellbeing walks.



PALS project



Alan – community spaces

Community spaces started life as ‘warm spaces’ as the cost-of-living crisis began to take hold and sprung up across the borough in a range of venues. They have evolved to become wider community spaces welcoming people from the local community, running a range of activities and combatting loneliness and social isolation. Alan (70yrs old, Thornaby) offers invaluable support as a volunteer at one of the community spaces:

‘Alan has been an absolute godsend in the success and sustainability of the Warm Welcome social drop in. He is full of the enthusiasm and just gets on with whatever needs doing, whether that is making drinks, welcoming people, calling bingo, tidying up or spreading the word about the group.

Alan is so cheerful and the group love him. He is very approachable and has been a real hit with his sense of humour. Alan has donated prizes himself to the bingo games played at each session and has even asked a local business to donate prizes too. It is such a relief to be able to leave the group in Alan’s capable hands when regular staff cannot lead the sessions. He is not fazed by this and seems to enjoy the responsibility. He is full of energy and keen to think of new ways to expand the group and add extra activities that people will enjoy.

Alan is a real community star!’

(Community spaces staff member)

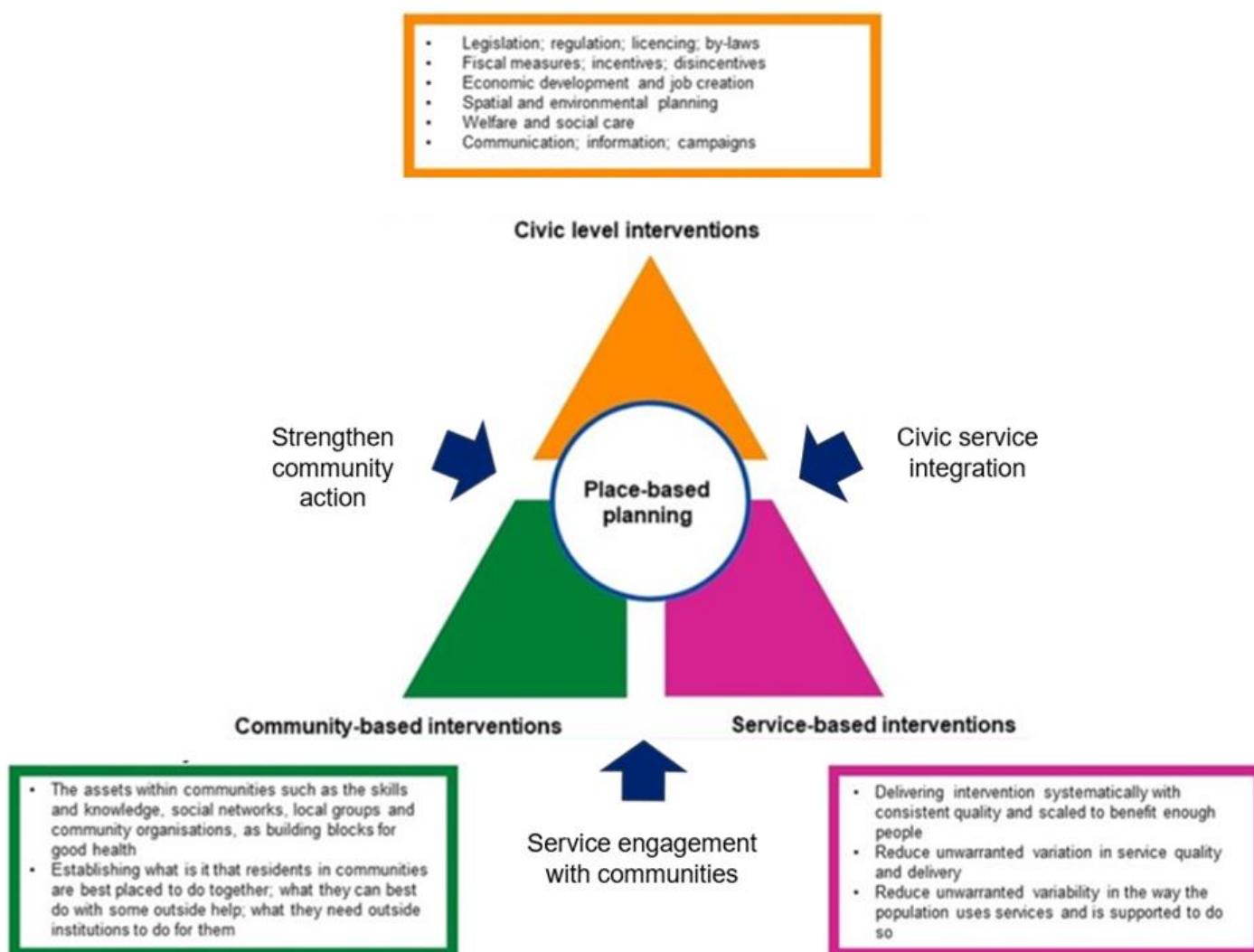


Alan volunteering at one of the borough’s community spaces

Approach – what next in Stockton-on-Tees?

As addressing health inequalities is complex, it is helpful to coordinate and plan our activity through a single evidence-based approach, which will help the partners across the borough to act in a systematic and structured way, focusing on local place.

The Population Intervention Triangle (PIT)



<https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report>

The Population Intervention Triangle (PIT) model sets out that to be effective, system leadership and planning is needed to implement action on civic, service and community interventions. The elements in the model have the potential to reduce inequalities at population scale.

- **Civic** interventions have the greatest reach of any intervention. Local authorities are a driving force as leaders of place and are well-placed to act on many drivers of inequality. There are

tools available to help implement healthy public policy on the following, which both impact on health and wellbeing and address inequality e.g. economic development, spatial planning, welfare, community safety and impact as a major local employer.

- **Services** can achieve significant outcomes due to their direct impact with individuals but must be delivered with system, scale and sustainably - and deliver further and faster to the most disadvantaged communities.
- **Community** - it is important that all partners and communities understand the value of community assets in reducing reduce health inequalities (e.g. skills and knowledge, social networks, local groups and community organisations, as building blocks for good health). Community-centred approaches focus on changing the conditions that drive poor health alongside individual factors. They aim to increase people's control over their health and lives.
- Particular focus on **joint working across the interfaces** between the civic, service and community sectors will enable the whole to become more than the sum of its parts.

The model is accompanied by a range of practical tools and more detail on specific actions that can support its delivery to produce measurable population level change. It is based on focusing on place and not just individual problems or issues and was developed through practical experience, including addressing health inequalities between and within local geographies.

The PIT model can be used at a variety of levels:

- To support **cross-organisational working** at the strategic place-based level, including with population health management.
- At a **topic or condition level**, it can (for example) support whole system approaches to main elements of health inequalities and prevention (aimed at wider determinants, behaviours or health conditions).
- By **individual partners** (for example primary care; voluntary, community and social enterprise (VCSE) sector) as a framework to easily see how their contributions fit on a place basis.

The PIT approach: What is our current position?

A self-assessment, co-produced across partners and the community, would support shared strategic direction and action across the system and is recommended as a next step. However, an overview of some key points is captured here. Strategic bodies such as the Place Leadership Board and Health and Wellbeing Board support work across the interface between civic, community and service activity.

Civic intervention

Key strategies and policies are in place and leaders across the local system have identified addressing inequality and improving health and wellbeing as priorities. There is the opportunity to embed addressing inequality and equity impact assessment and to join up across the system further through identifying shared strategic outcomes. Also to acknowledge and implement the intersectionality approach and glean learning from other areas that have taken a 'Marmot places' approach.

There are pockets of good practice in relation to designing approaches and models of support and in commissioning e.g. work to build social value in contracts. The Council is continuing to develop further as a lead employer in the borough and to embed addressing inequality specifically throughout commissioning processes. Much work is underway on practice and workforce e.g. development of welfare support and the employment hub, with the opportunity to employ a 'Making Every Contact Count' approach.

It is important to embed into our monitoring frameworks: measuring impact on the gaps between worst and best outcomes in our communities; and community voices and the outcome of community conversations. The indicators set out in Marmot's review provide an evidence-based starting point for measuring whether we are addressing the root causes of inequality

Service-based intervention

Currently we have some services and models that are based on the best available evidence and are tailored according to need. However, this is not consistently the case across the health and wellbeing system – this approach is needed at scale to have a meaningful and sustainable impact and to go further and faster where there is the greatest need. Embedding equity impact assessment will also support this.

Starting from the experience and journey of communities and individuals (rather than services) will help in designing more joined up approaches and support. To design models that are tailored according to need, a more nuanced understanding is needed of the many inter-related factors leading to inequality in communities, with services responding to these and not focused on individual issues where this is over-simplistic.

Community-based intervention

Focused work is under way in the Council to better understand the strengths and assets in communities, as well as community views. This is being developed focusing on supporting community development and community engagement, and learning from other areas across the UK who are further along in establishing a new partnership with local people. Working with the National Development Team for Inclusion (NDTI) we are embarking on a self-assessment process to help us determine our readiness and next steps in this work. There is the opportunity to then join this up with strategic partners to identify a common approach and next steps. We know that there are groups in our local population who we need to work more closely with to understand their strengths and needs so we can agree together a coherent approach to working together.

The work with communities will have implications for how we work as statutory organisations in the future, including how we shape and support our workforce. There are some good examples of working closely with communities on specific issues and agendas and there is the opportunity to broaden this and embed into strategy and policy. We also need to ensure commissioning processes allow co-production and support to small community organisations who may be best placed to deliver on particular issues.

Lastly our impact monitoring approaches can be developed to capture the experience of our local communities and sit these alongside quantitative data to inform collective evaluation, planning and decision-making.

In summary, a huge amount of work is going on in the community and across organisations to address inequalities and their causes. We can build on this by **agreeing a shared approach** across partners in the borough that is rooted in research evidence and addresses the **complex relationships** between the causes of inequality. The **PIT approach** brings together civic, service and community action to do this. A self-assessment will highlight gaps in our current work and identify next steps and how we work together. There are some starting points in systematically embedding addressing inequality into all our key **policies, approaches** and **services**, working across **partners** and **communities**.

Next steps

Key message: To help address inequalities and improve health and wellbeing, we need a systematic, evidence-based approach agreed and implemented across partners and communities and embedded in strategy, policy, design, action, monitoring and evaluation.

A co-produced self-assessment will identify actions across partners and the community. To continue to drive forward addressing inequalities, our current position in the borough points to some initial next steps.

1. **Adopt the Population Intervention Triangle (PIT) approach**, working with partners and communities to embed this, driven by strategic leadership across the borough and the local health and wellbeing system e.g. Health and Wellbeing Board, Place Leadership Board. The strategic approach will help define how we work together as a health and wellbeing system and out of this will fall programmes and activities in-line with the evidence base.
2. It is proposed the PIT is used to **support** the implementation of the **A Fairer Stockton-on-Tees framework** with a focus on the wider determinants of health to support addressing inequalities in general (beyond specifically health inequalities). The approach will provide next steps beyond the initial focus on poverty, proposing how to address the complex inter-related causes of inequality through both a strategic approach and practical tools.
3. Work across local partners and the community to **co-produce a self-assessment** (particularly in relation to the civic and service aspects) on our current position and generate recommendations and actions. The recommendations can be linked with the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy as they are updated and will help to highlight initial areas of focus and short- and longer-term actions.
4. **Consider** adopting a **'Marmot place' approach** or using the learning from Marmot place sites.
5. Explore **LGA support** for the self-assessment process and / or bespoke LGA support programmes to embed addressing inequality across the Council and local system e.g. policy and leadership support.
6. **Adopt** and embed an **equity impact assessment** approach across all Council strategies, policies and programmes of work, engaging experts in intersecting inequalities e.g. Office for Health Improvement and Disparities, LGA, Health Foundation, Association of Directors of Public Health, National Development Team for Inclusion.

7. **Adopt** more **sustainable approaches** to creating the conditions for maximising health and wellbeing and addressing inequality e.g. taking the next step from providing shorter-term crisis food provision, to a strategic approach to the local food environment.
8. Continue to focus on **supporting community building**, focusing on assets and strengths.
9. Continue to move towards **embedding working with the community** in developing policy, designing approaches to issues and models of support / services, commissioning processes and understanding impact on outcomes.
10. Explore opportunities to embed the approach to addressing inequalities across the collective workforce, such as **adopting a Making Every Contact Count approach** focusing on advice and brief interventions on a small number of consistent key issues.
11. Embed the model in the Council's transformation agenda (Powering our Future) – for example
 - a. Communities: Through supporting a **better understanding of communities** where there is currently a gap in our knowledge and our joint working e.g. some BAME communities. Working with communities to address inequality and build protective factors through the PIT approach, will also support the move to **earlier intervention and prevention**.
 - b. Transformation: Through **informing our approach** to design of models of support and services. The approach will promote **early prevention** through focusing on wider socio-economic determinants of health, balancing targeted and universal activity and providing a structure to help address the complex interactions between factors that lead to inequality, beyond deprivation.
 - c. Partnerships: Through providing a **structured approach** to determining priorities and approach across strategic partners; and aligning activity and systematically monitor impact.
 - d. Regeneration: Through helping to embed addressing **wider socio-economic determinants** of inequalities and health and wellbeing through policy and practical action.
 - e. Colleagues: Through embedding an approach to prevention and addressing inequality in our **workforce planning**; and embedding e.g. Making Every Contact count across our current workforce to **maximise their impact**.
12. Identify and **address gaps in our understanding of local communities**, through work with the community, local intelligence and research evidence. For example, the experience of people in varying ethnic groups and the LGBTI community.
13. **Ensure** local strategic outcomes / **impact monitoring approaches explicitly capture impact in inequalities**, using the Marmot indicators as a basis. A logic model approach can lend itself well to clearly linking actions and measures to strategic outcomes and
14. will be used to monitor the new Joint Health and Wellbeing Strategy.

Appendix

Appendix 1: Life expectancy

Life expectancy across the population for females (2011-15) was 81.4 years.

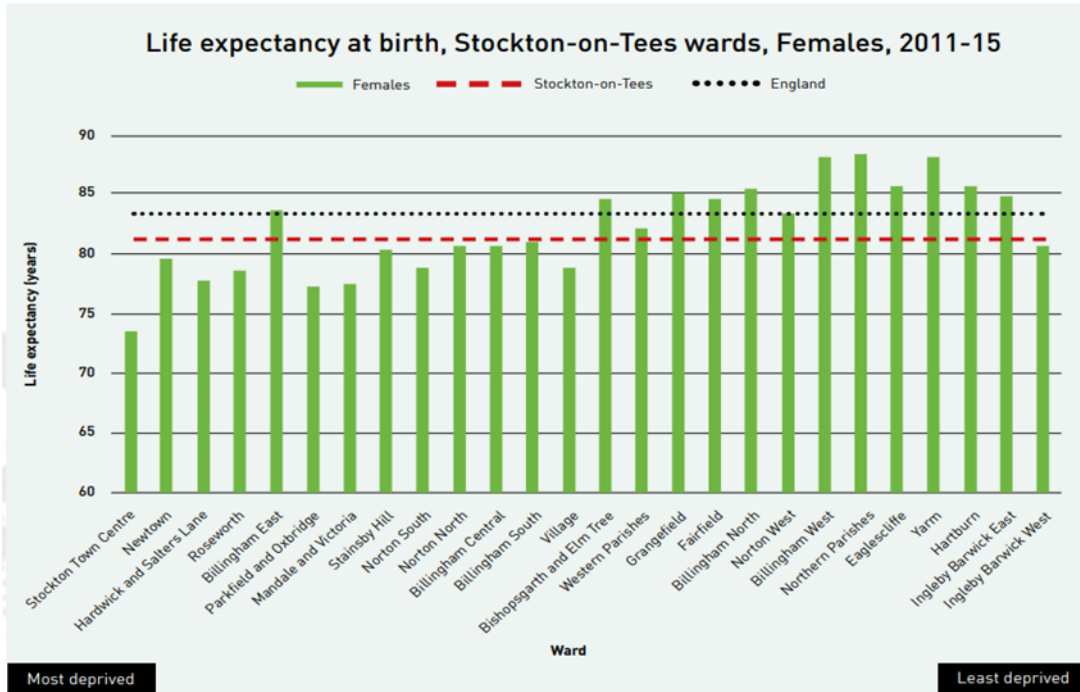


Figure 1 Life expectancy at birth, Stockton on Tees wards, females 2011-15

Life expectancy across the population for females (2016-20) was 82.1 years.

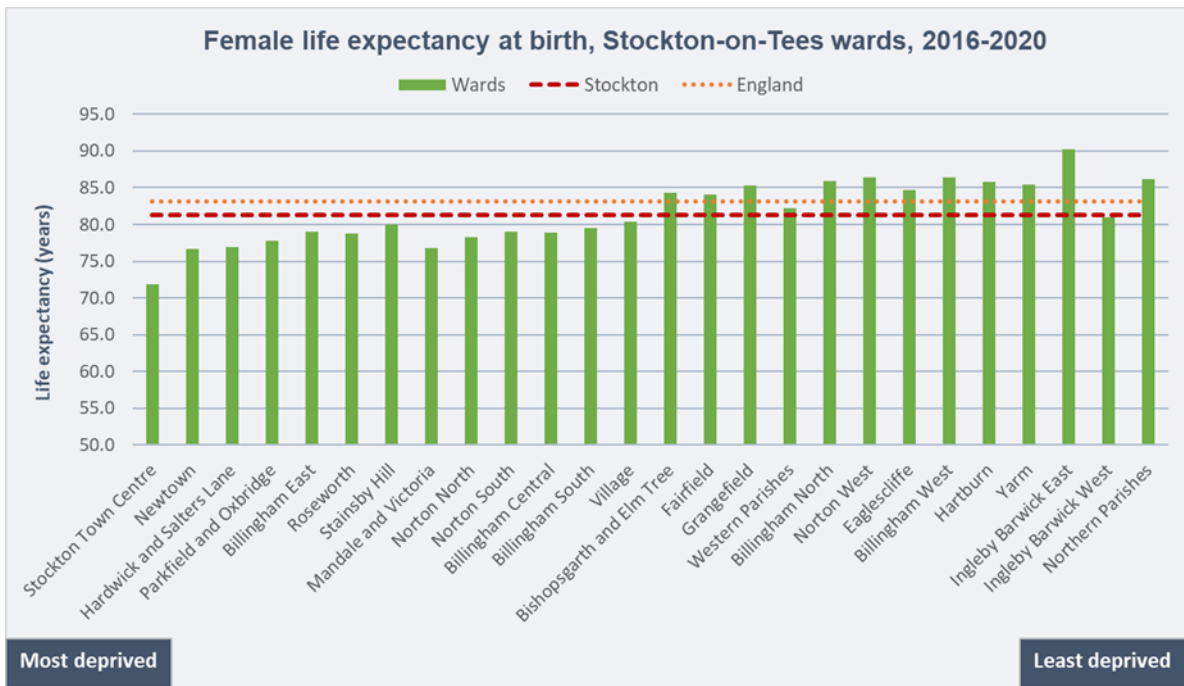


Figure 2 Life expectancy at birth, Stockton on Tees wards, females 2016-20

Life expectancy across the population for males (2011-15) was 78 years.

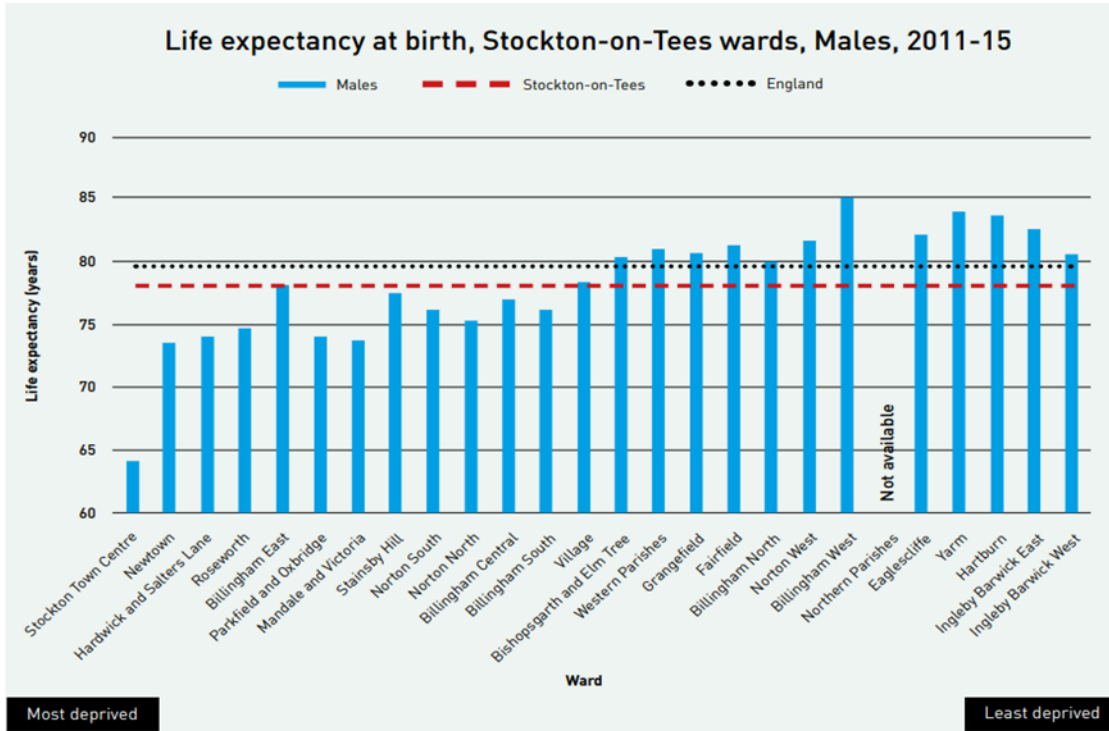


Figure 3 Life expectancy at birth, Stockton on Tees wards, males 2011-15

Life expectancy across the population for males (2016-20) was 78 years.

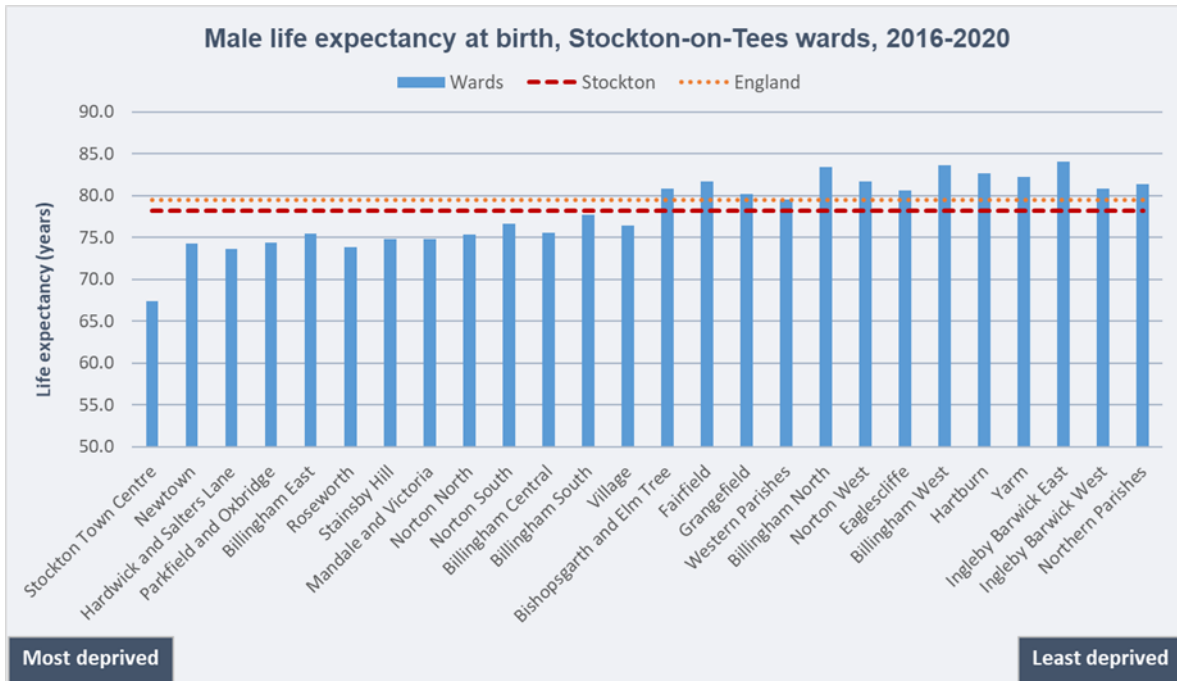


Figure 4 Life expectancy at birth, Stockton on Tees wards, males 2016-20

Appendix 2: Inequality in life expectancy

Females

For females there has been an increase in the slope of inequality from 11.4 years to 13.9 years. The gap in LE from decile 1 to decile 2 in 2011-2013 was approximately 1.8 years, this increased to 4 years in 2018-2020. Life expectancy for females has decreased in all deciles except decile 6 and decile 8 where there been a small increase (0.1yrs). The most significant decrease is in decile 3 has seen the greatest decrease (3.9 years).

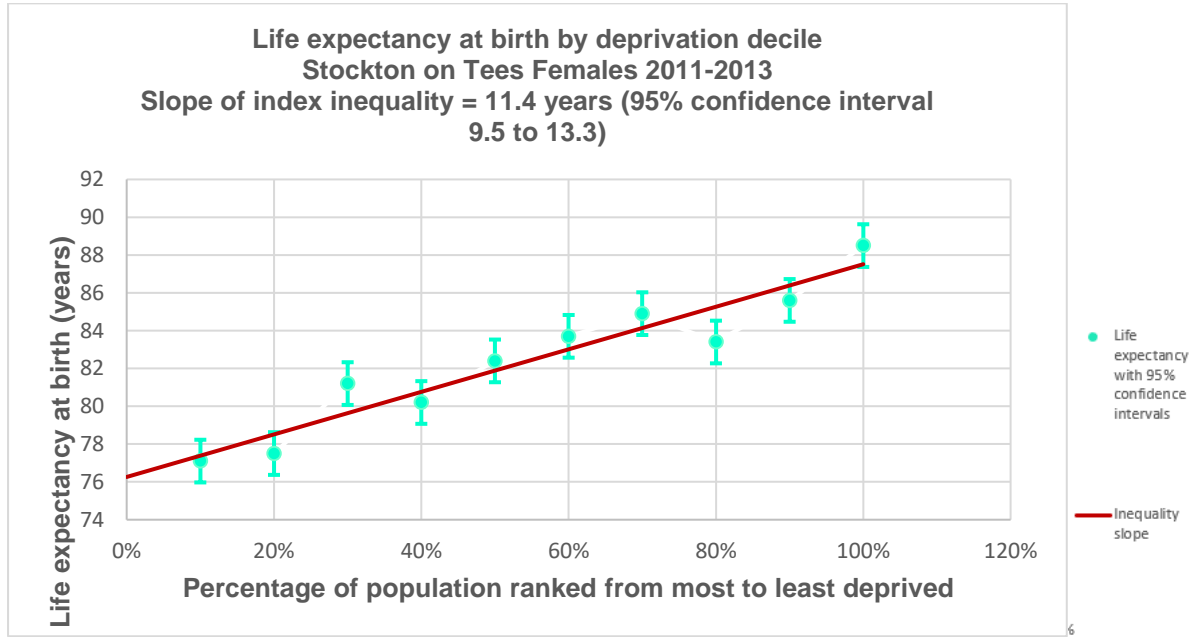


Figure 5 Life expectancy at birth by deprivation decile, Stockton on Tees, females, 2011-13

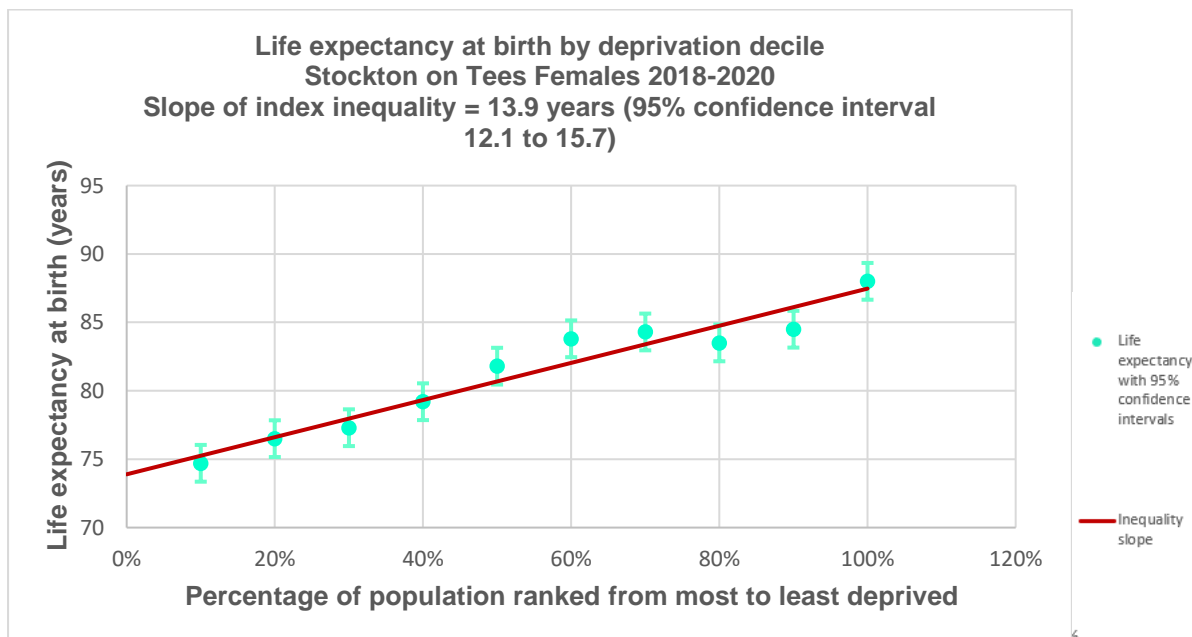


Figure 6 Life expectancy at birth by deprivation decile, Stockton on Tees, females, 2018-20

Males

For males the slope index of inequality reduced from 17.3 in 2011-3 to 14.5 in 2018-20. The explanation is not clear, but the 2011-13 data may well have been skewed by the 3rd least deprived decile, which has ‘pulled the line upwards’ at the right-hand end, whereas the line for 2018-20 is not influenced by such extremes and so may be ‘flatter’ as a result.

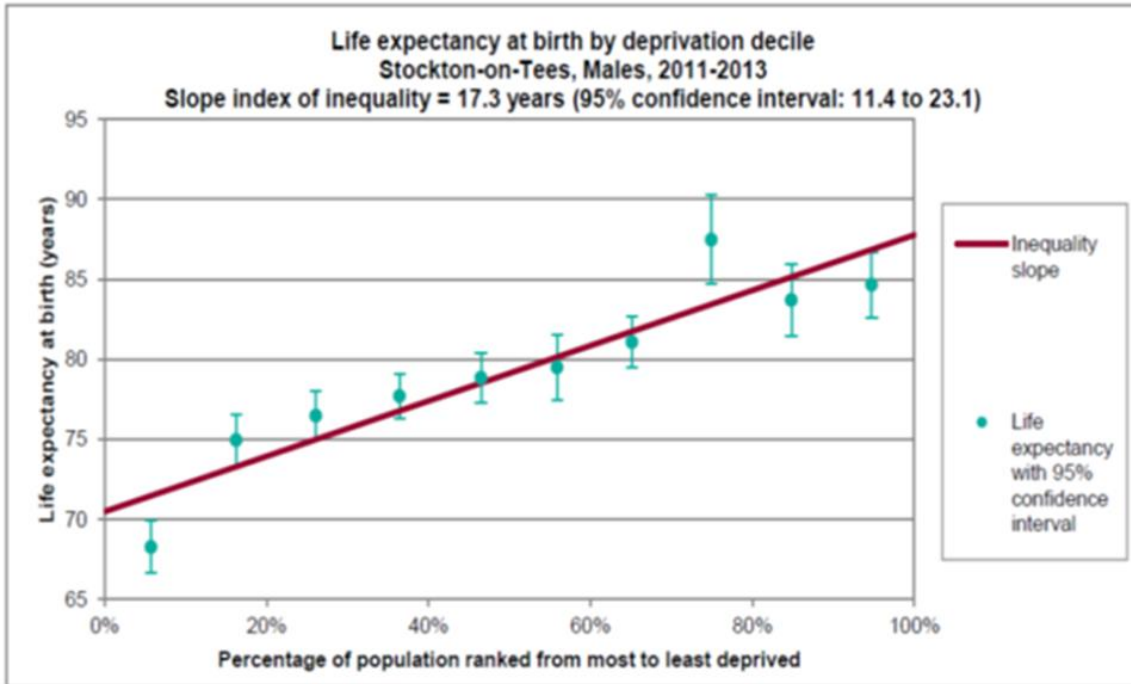


Figure 7 Life expectancy at birth by deprivation decile, Stockton on Tees, males, 2011-13

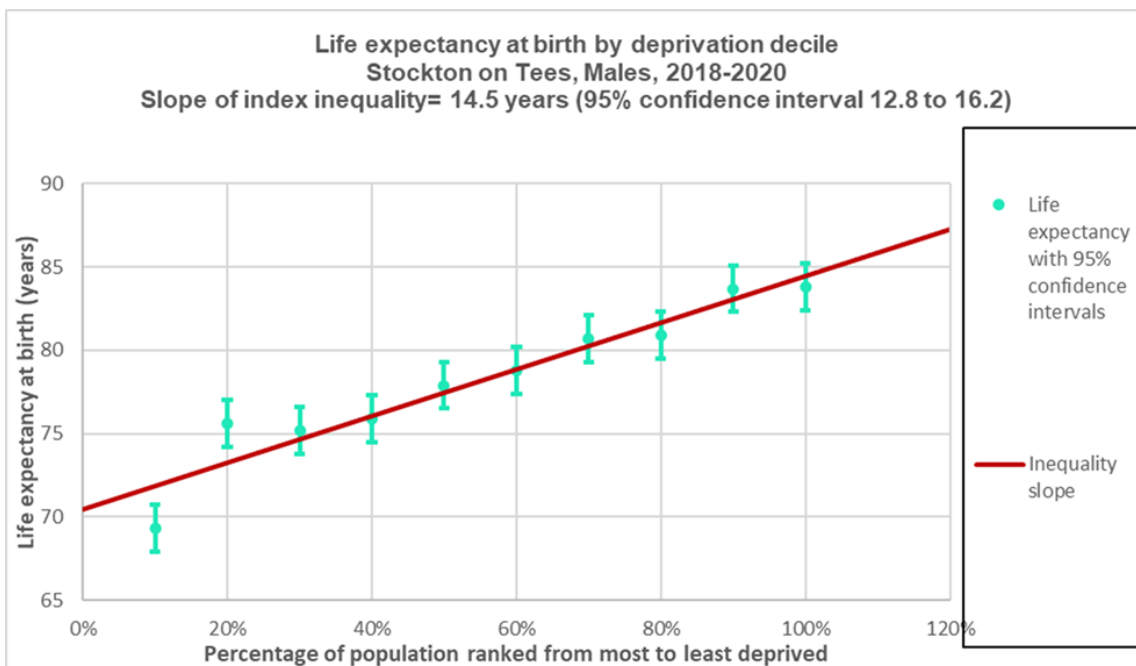


Figure 8 Life expectancy at birth by deprivation decile, Stockton on Tees, males, 2018-20

Appendix 3: Intersectionality

The IPPR report *Intersectionality: Revealing the realities of poverty and inequality in Scotland* (2021) (<https://www.ippr.org/articles/an-intersectional-approach-to-poverty-and-inequality-in-scotland>) made recommendations for Scotland’s Poverty and Inequality Commission based on existing research on policy, and on speaking to people with direct experience of living with multiple factors impacting their wellbeing and access to services. It looked at access to public services such as housing and healthcare, to digital access, the reliability of social security, food insecurity, no recourse to public funds status and barriers to employment.

The Scottish government’s diversity wheel illustrating intersectionality, showing how personal characteristics intersect with systems and structures to shape a person’s experience (<https://www.gov.scot/publications/using-intersectionality-understand-structural-inequality-scotland-evidence-synthesis/pages/3/>).

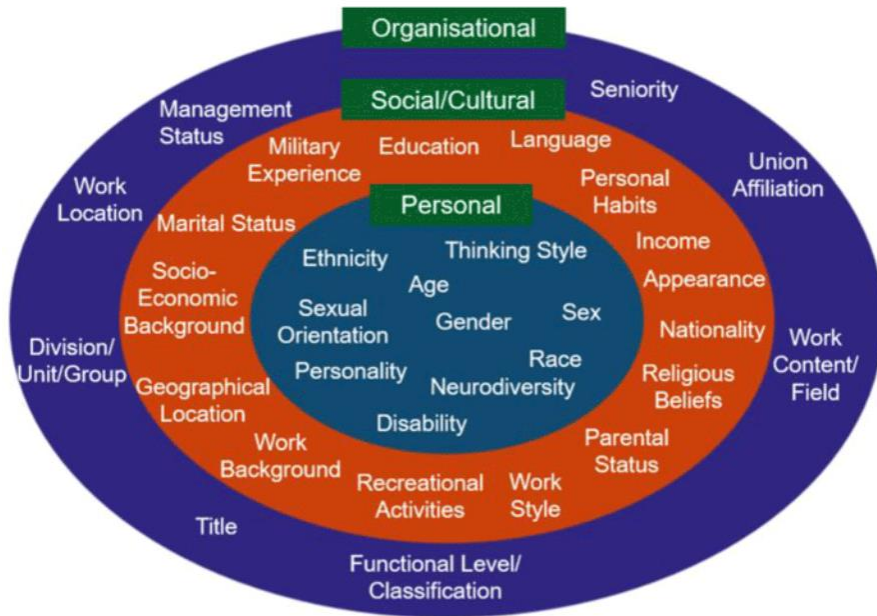


Figure 9 Diversity wheel. Scottish government 2022

Appendix 4: Breakdown of the life expectancy gap between the most and least deprived quintiles of Stockton-on-Tees by cause of death, 2020 to 2021

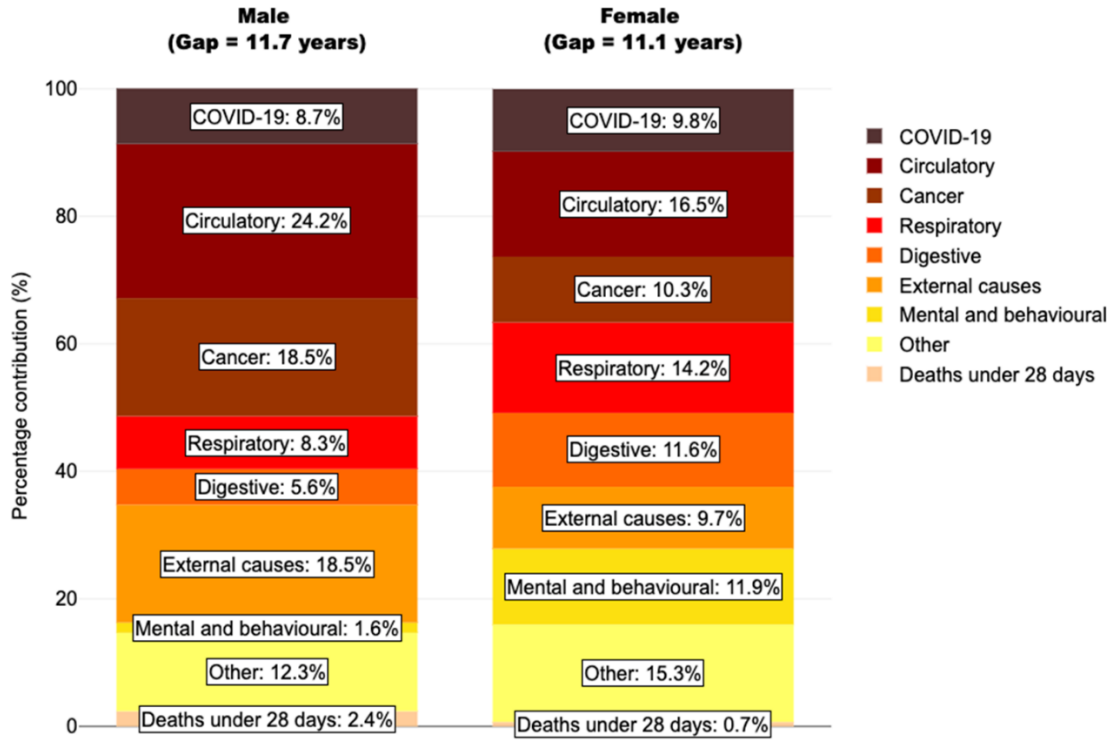


Figure 10 Life expectancy gap between most and least deprived population quintiles by cause of death. Stockton on Tees. 2020-21

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Adult Social Care and Health Select Committee

18 June 2024

CARE AND HEALTH INNOVATION ZONE**Summary**

The Committee will receive a briefing on developments in relation to the Borough's Care and Health Innovation Zone.

Detail

1. In October 2023, proposals to develop a 'Care and Health Innovation Zone' in Stockton were considered by the Stockton-on-Tees Borough Council (SBC) Cabinet.
<https://www.stockton.gov.uk/article/11268/Vision-to-create-a-care-and-health-innovation-zone-in-Stockton-receives-green-light-from-Councillors>
2. The appointment of Arup Group Ltd to develop a masterplan for the area which would make up the Care and Health Innovation Zone was announced by SBC in December 2023.
<https://www.stockton.gov.uk/article/11580/Masterplanner-appointed-for-Stockton-on-Tees-Care-and-Health-Zone>
3. An initial vision statement was collated and includes an overview of the vision, why it will be important to Stockton-on-Tees and Tees Valley, key facts, and partnerships.
<https://moderngov.stockton.gov.uk/documents/s3168/Tees%20Valley%20Health%20and%20Social%20Care%20Innovation%20Zone%20-%20Initial%20Vision%20Statement%20-%20FINAL.pdf>
4. Further details about this initiative can be found on the Tees Valley Combined Authority website – see <https://teesvalley-ca.gov.uk/business/investees/tees-valley-care-and-health-innovation-zone/>.
5. Noting with interest the ongoing developments regarding this new initiative, the Committee requested a briefing via an approach to senior SBC officers in February 2024. Information on the following elements was specifically sought (focusing, wherever possible, on care and health matters):
 - The Zone's origin
 - Its key components (including financial considerations)
 - Who is involved (and to what extent)
 - Timelines for development and implementation
 - Perceived benefits
6. Relevant SBC personnel are scheduled to be in attendance to provide a briefing to the Committee.

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CQC INSPECTION PREPARATION

Summary

The Committee will receive a briefing on preparations for the anticipated Care Quality Commission (CQC) inspection of Stockton-on-Tees Borough Council (SBC) adult social care services.

Detail

1. From April 2023, the CQCs responsibilities include looking at how well Local Authorities are meeting their duties under Part 1 of the [Care Act 2014](#).
2. These assessments use a subset of quality statements from the CQCs new single assessment framework. They are structured specifically around the context, aims and roles of a Local Authority and focus on four themes:
 - How Local Authorities work with people
 - How Local Authorities provide support
 - How Local Authorities ensure safety within the system
 - Leadership

Further information can be found at <https://www.cqc.org.uk/guidance-regulation/local-authorities>.

3. The CQC recently (May 2024) published reports of the findings from the first formal assessments completed under this new responsibility to assess how Local Authorities are meeting their adult social care duties – see <https://www.cqc.org.uk/news/first-local-authority-assessment-reports-published>.
4. The SBC Director of Adults, Health and Wellbeing, accompanied by relevant other SBC officers, is scheduled to be in attendance to outline the Council's preparations for this anticipated inspection. A briefing report has been collated and is supplemented by a draft self-assessment document, both of which are included within these meeting papers.

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Adult Social Care and Health Select Committee Members' Briefing

CQC Assurance Framework Update 18th June 2024

1. What is the CQC Assurance Framework?

1.1. This is the regulatory framework enacted through the Health and Care Act 2022, which gives the Care Quality Commission the powers to assess how well Local Authorities are meeting their duties under Part 1 of the Care Act. Assessment is through the CQC Single Assessment Framework.

1.2. The Framework will assess Local Authorities across 9 Quality Statements mapped to 4 key themes:

THEMES	QUALITY STATEMENTS
Working with People	1. Assessing Needs 2. Supporting People to Live Healthier Lives 3. Equity in Experiences and Outcomes
Providing Support	4. Care provision, integration and continuity 5. Partnerships and Communities
Keeping People Safe	6. Safe systems, pathways and transitions 7. Safeguarding
Leadership	8. Governance, management and sustainability 9. Learning, improvement and innovation

1.3. Assessment of all Local Authorities in England is expected by December 2025. The 3 other Tees Local Authorities have already received their CQC notification, along with three other Local Authorities in the North East.

2. How is the assessment structured?

2.1. Once we receive notification from CQC:

- We will have **3 weeks** to return our Local Authority Information Return (LAIR) which includes a self-assessment and our performance data, strategies and policies).
- The CQC assessment team will be completing extensive offsite preparation work, including speaking to our partners and reviewing published data and our Local Authority Information Return.
- **An on-site visit will take place within six months** (we will have 6-8 weeks' notice of this).

Within 10 days of the on-site visit notification we must provide an anonymised list of 50 case files, from which CQC will select 10 for case-tracking. CQC will speak to the person and their care/advocate, and possibly staff ahead of the site-visit, to understand the person's journey and the impact of our services. Most weight will be placed on people's experiences and how people are given opportunities to be involved in shaping their care (Co-Production).

3. What preparation have we done for the CQC Assurance Framework?

- 3.1. The peer inspection with Carol Tozer in October 2023 identified key development areas in being ready for the assurance framework. These were put into an action plan.
- 3.2. A CQC Programme Steering Group has been formed, meeting monthly to oversee progress against the action plan, covering all areas of preparation.
- 3.3. An Assurance and Co-Production Manager started in post on 29th January 2024 to co-ordinate the work needed to prepare for the Assurance Framework, and alongside the Lived Experience Co-Ordinator to ensure that people's voices and their involvement is woven into what we do.
- 3.4. A Making it Real Board made up of people with lived experience, the Lead Member for Adult Social Care and Council Officers was formed in January 2024.

4. What's going to be happening next?

- 4.1. We are taking part in a **Local Government Association (LGA) Assurance Peer Challenge on 9th-11th July 2024**. This is an opportunity to test out our systems and for us to experience what a CQC assurance visit will be like, with 6-8 Peers joining us on site for the week.
- 4.2. We are preparing for this as we would a CQC inspection. We are:
 - **Revising our Self-Assessment.** This has been shared with Senior Management Team, Corporate Management Team and our LGA Assurance Challenge Manager for comment. **The draft self-assessment is included with this briefing, for review and comment by ASCH Select Committee Members.**
 - Gathering information for the Local Authority Information Return and building our evidence library.
 - Identifying case files to be audited (we will present 24 cases from which 6-8 will be audited by a Principal Social Worker 2 weeks before the visit)

We will need to provide all of this information to the LGA Assurance Challenge Manager by 24th June 2024.

- 4.3. A programme to support staff in preparing for assurance is being put together. On 30th and 31st May, Partners in Care and Health (PCH, via NE ADASS and the LGA) delivered *Supporting Frontline Staff in Preparing for CQC workshop sessions*. These sessions will support staff to understand the CQC Assurance Framework, how their roles support delivery of the Care Act and how to describe this, and provide an opportunity to practise answering questions from assessors/peers.
- 4.4. A timetable is being finalised for the week of the LGA Assurance Challenge. The week will start with a presentation to the Peer Challenge Team on 9th July, and a series of interviews and focus groups with staff, people with lived experience and our partners during 9th and 10th July. Peers will speak to

frontline staff and will work their way back to managers and leaders over the course of the two days.

We have also built in visits so that Peers can visit some of our services. There will be a presentation by the Peer Challenge team on the afternoon of 11th July for the Leadership Team and those who have been involved in the Focus Groups and Interviews during the week.

Natalie Shaw

Assurance and Co-Production Manager

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**Stockton-on-Tees Borough Council
Adults Health & Wellbeing**

Self- Assessment

May 2024

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Document Version Control		
Version No.	Change Description	Owner/Date
0.1.	Document created	NS 17/05/2024
0.2.	Document revised to incorporate feedback from SMT	NS 24/05/2024
0.3.	Document revised following feedback from CMT	NS 12/06/2024

Overview of the Borough of Stockton-on-Tees

Stockton-on-Tees Borough Council is a Unitary Authority, made up of 6 townships.



We are ranked 94th (of 309) for Population size in England and are the 5th least densely populated of the North East's 12 Local Authority areas.

Stockton-on-Tees has some areas of great affluence next to some of the most deprived in England. Stockton-On-Tees ranks 113 out of 317 local authorities in England in the Index of Multiple Deprivation.



A Fairer Stockton-on-Tees is the strategic framework for tackling inequalities in the Borough, as the impact of inequalities is significant and impacts not only on immediate quality of life, but also life chances and life expectancy. We will shape council services and work with our partners to ensure the most vulnerable individuals and families receive the help they need.



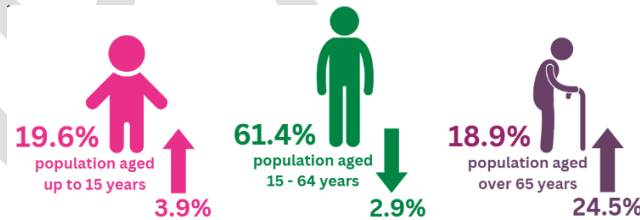
9 of 26 wards in 10% most deprived in the Country

The population of Stockton-on-Tees has increased by 2.6% from just over 191,600 to 196,600 in 2021 and has seen an increase greater than the North East (1.6%) average.



The area that saw the greatest increase, was the older (65 and over) age range.

Between 2011 and 2021, we saw an increase of 24.5% in people aged 65 years and over, a decrease of 2.9% for people aged 15-64 years and an increase of 3.9% in children aged under 15 years.



This data is telling us that there is likely to be a greater demand for support in Children's Service and an even greater demand within Adult's services, in the future. This is where our Powering Our Future programme can see us working with our partners and communities to put in place new and innovating approaches, to reshape what we do for the better and improve outcomes for our residents.

The majority of our residents say they have 'very good' health (91,479) or 'good' (65,521). Only 6.3% (12,288) of our residents say they have 'bad' or 'very bad' health.



Stockton-on-Tees has local inequality in how long people are living in good health and is below the national average for both women and men.



Stockton-on-Tees has one of the largest gaps in the country for life expectancy and healthy life expectancy between the poorest and most affluent areas.

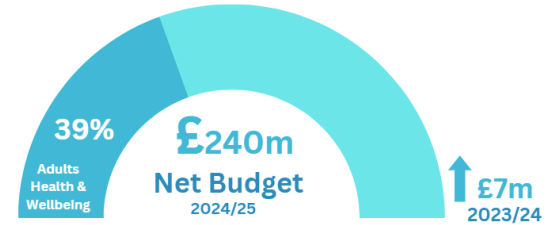
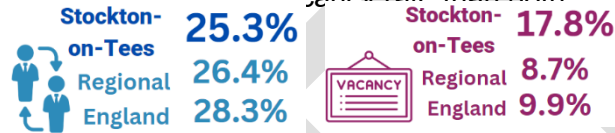
These inequalities inform the strategic priorities of our Health and Wellbeing Board which provides an overarching framework to inform future collaborative working and local joint commissioning plans, which is reviewed through our Joint Health and Wellbeing Strategy.

9.2% of our residents are providing up to 19 hours of weekly unpaid care, which is a decrease from 6% in 2011.



However, we have seen an increase in the percentage of carers delivering between 20-49 hours (2.3%) and those delivering at least 50 hours (3.4%) of unpaid care.

There are 18,500 posts in our Adult Social Care workforce, of which 1,300 are vacancies – an increase of 2% on 2021/22. While Stockton-on-Tees has a lower turnover rate than both the regional and England average, it does have a higher vacancy rate than both



The Council's net budget is £240m for 2024/25. This is a balanced budget with a savings target of £1.893m.

The Adults Health and Wellbeing budget is £95m an increase of £7m on last year's budget.

We currently support 2436 carers through our own Carers' Service.



The majority of the workforce is female, with average age of 45 years. Workers under 25 years make up only 8% of workforce, whereas those aged over 55 years make up 30% - estimating there will be approximately 1,700 posts reaching retirement aged in next 10 years.

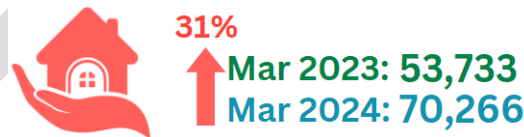
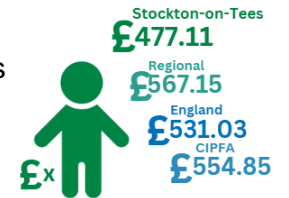


Our Transformation Managers are working across sectors on a range of initiatives to support the recruitment, retention, and quality of workforce in adult social care

The percentage of our population (per 100,000) in residential care is higher than the regional average for those aged 18-64, but lower for those aged over 65 years.



The spending on Adult Social Care varies for a wide range of reasons due to differing levels of local need. In Stockton-on-Tees the need for Adult Social Care is increasing due to an ageing population, which impacts not only on the number of older people but also an increasing number of young adults who have care needs. Support needs from adult social care is higher in more deprived areas because more people in non-deprived areas are likely to fund their own care without funding support from the Local Authority. Stockton-on-Tees currently has 199 people per 100,000 population in residential care, and 146 people per 100,000 population supported through community based activities who are self-funded.



CQC Data is telling us that the number of domiciliary visits in 28 days, has increased by 31%, but is still below the regional and national averages.

Our Strategic Vision and Key Priorities



[Powering our Future](#) sets a new strategic framework for the Council based around five key missions: Colleagues, Communities, Partnerships, Transformation & Regeneration. Since July, work has taken place to develop and refine the focus of the programme, to ensure it addresses the financial challenges and opportunities we have as a Borough, at the same time as improving outcomes for communities, including:

- Creation of opportunities to build brighter futures for our communities and reduce inequality, using the limited amount of money we have available.
- Carefully managing our resources, creating a new relationship with communities, while providing efficient services that are valued by our residents.

There are a number of programmes within the Transformation mission to drive the Adult Social Care and Council Plan priorities for this year including a review of access to services, supporting people to live independently, and transitions.

Work is in progress to update our Council Plan to reflect the PoF Mission definitions and success criteria to ensure this forms part of our future way of working and culture so that we continually adapt, develop, and grow. The Council Plan will also align to the new Health & Wellbeing Strategy (due for publication by Summer 2024) and the Adult Social Care strategy.

Within the Council Plan 2023-2026, the following priorities for Adult Social Care have been identified for this year:

- Support people to remain safely and independently in their own 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 together
- Review out-of-area placements and day options provision for adults.

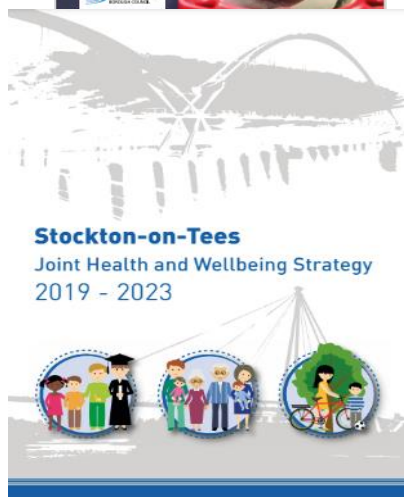


The Key Priorities in the Health & Wellbeing Strategy 2019-2203:

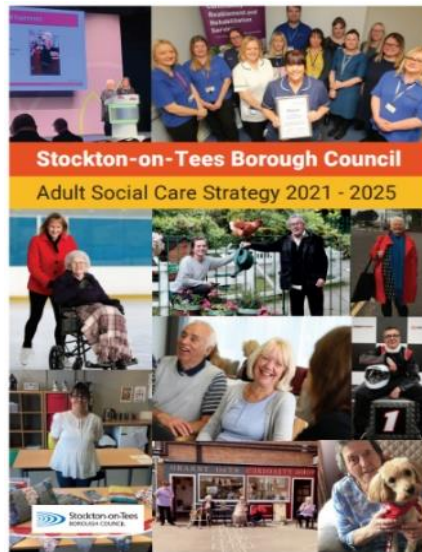
All children and families get the best start in life

All people in Stockton-on-Tees live well and live longer

All people in Stockton-on-Tees live in healthy places and sustainable communities



The Adult Social Care Strategy 2021-2025 sets out our vision to provide the right care and support at the right time, for our people, to maximise independence, supporting delivery of the Council Plan. The ASC Strategy identifies 4 key priorities.



- 1 To provide support to people to prevent, reduce or delay the need for ongoing support and maximise their 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

DRAFT

Working Effectively in Partnership

Co-Production

We are committed to co-production and have set off on a journey to embed this across Adult Social Care. We have appointed a Lived Experience Co-Ordinator as well as an Assurance and Co-Production Manager. In January 2024 we set up a Making it Real Board. This is a Strategic Partnership between people with lived experience and the Council to ensure that people with lived experience are central to shaping services for care and support in Stockton-on-Tees. The Board is made up of people with lived experience, working with Council Officers and our Lead Member for Adult Social Care. We are still at the start of the journey but are excited about the road ahead. This year, we will be co-producing a Local Account for SBC Adults Health & Wellbeing Directorate.

Development work is also underway to reinstate and re-energise the Learning Disabilities Partnership Board for Stockton. We are working in partnership with Inclusion North to progress this.

Integrated Care Systems

North East and North Cumbria Integrated care systems (NENC ICSs) are partnerships that bring together NHS organisations, the Council and others to take collective responsibility for planning services, improving health and reducing inequalities across Stockton on Tees. The Statutory ICSs comprise two key components: NENC integrated care board (NENC ICB) and South Integrated Care Partnerships (ICP).

Integrated Care Board

The statutory body that is responsible for planning and funding most NHS services in the area.

Integrated Care Partnership

The South ICP is the statutory committees that bring together a broad set of system partners (including 6 LAs, the voluntary, community and social enterprise sector (VCSE), Foundation Trusts, NEAS, TEWV, and others) to develop a health and care strategy for the area and provides a forum for system partners and strategic leadership for health and social care. The Tees Valley ICP is chaired by the Leader of Stockton Council. Stockton ICB place sub-committee supports local collaboration and leadership. The Place Sub-committee is chaired by the ICB.

Place Leadership Board (Team Stockton)

The Place Leadership Board (Team Stockton) was established in line with our Partnerships Mission forms part of wider governance for our Health and Care Integration work to ensure that we:

- Reduce duplication and maximise the use of our shared resource.
- Look through the lens of communities, not organisations.
- Make the case to Government to influence policy & resource allocation.
- Attract private investment.

The Board is chaired by the Chief Executive of the Council and brings together Chief Executives of partner agencies across the area.

Health & Wellbeing Board

The Stockton-on-Tees Health and Wellbeing board is chaired by the leader of the Council. Members of the board include the Integrated Care Board, Tees Esk and Wear Valley Mental Health Trust, North Tees and Hartlepool NHS Foundation Trust, Hartlepool and Stockton Health, Healthwatch, Catalyst, Police and Crime Commissioner, Councillors and Senior Offers of SBC (Director of Adult Services, Director of Childrens Services, Director of Public Health). The Board ensures strategic leadership, oversight and assurance to improve the population's health. The Joint Strategic Health and Wellbeing strategy for 2024-30 is under development and will be published in Summer 2024.

Adults and Health Wellbeing Partnership

The Adults and Health Wellbeing Partnership forms a partnership group to discuss and debate the key issues concerning the health and wellbeing of adults living in Stockton on Tees. The partnership involves a wide range of representatives from health and social care, housing, environment, and VCSE sectors. It provides a forum for meaningful discussion, identifying emerging issues and challenging status quo. It also enables the Council to engage and involve local partners to identify, understand and address the needs of the population.

Voluntary Charitable and Social Enterprise (VCSE) Sector

The VCSE sector and Stockton-on-Tees Borough council work in close partnership at many levels, and across a range of partners and organisations. The VCSE infrastructure organisation, Catalyst, represents the sector on key strategic Boards and Committees, including the Health and Well Being Board, Adults Services Partnership, Children and Young People Services Partnership and others. Catalyst has day-to-contact and dialogue with hundreds of VCSE partners and is therefore able to speak with credibility and authenticity at these meetings. The Health and Wellbeing forum hosted by Catalyst, invites VCSE organisations to raise concerns, feedback and comment on key issues raised by service users and feeds these into the Health and Wellbeing board.

There are also clear operational links between VCSE partners and SBC. The Well Being Hub (to open in Stockton town centre in June 2024) will co-locate service providers from SBC, the NHS and VCSE organisations, and will enable colleagues from the different partners to work together to plan and provide services for people with mental health needs. Referrals are routinely made from SBC to VCSE partners, and the Well-Being Hub will enable these to be extended. There are also joint training and development activities for the two sectors.

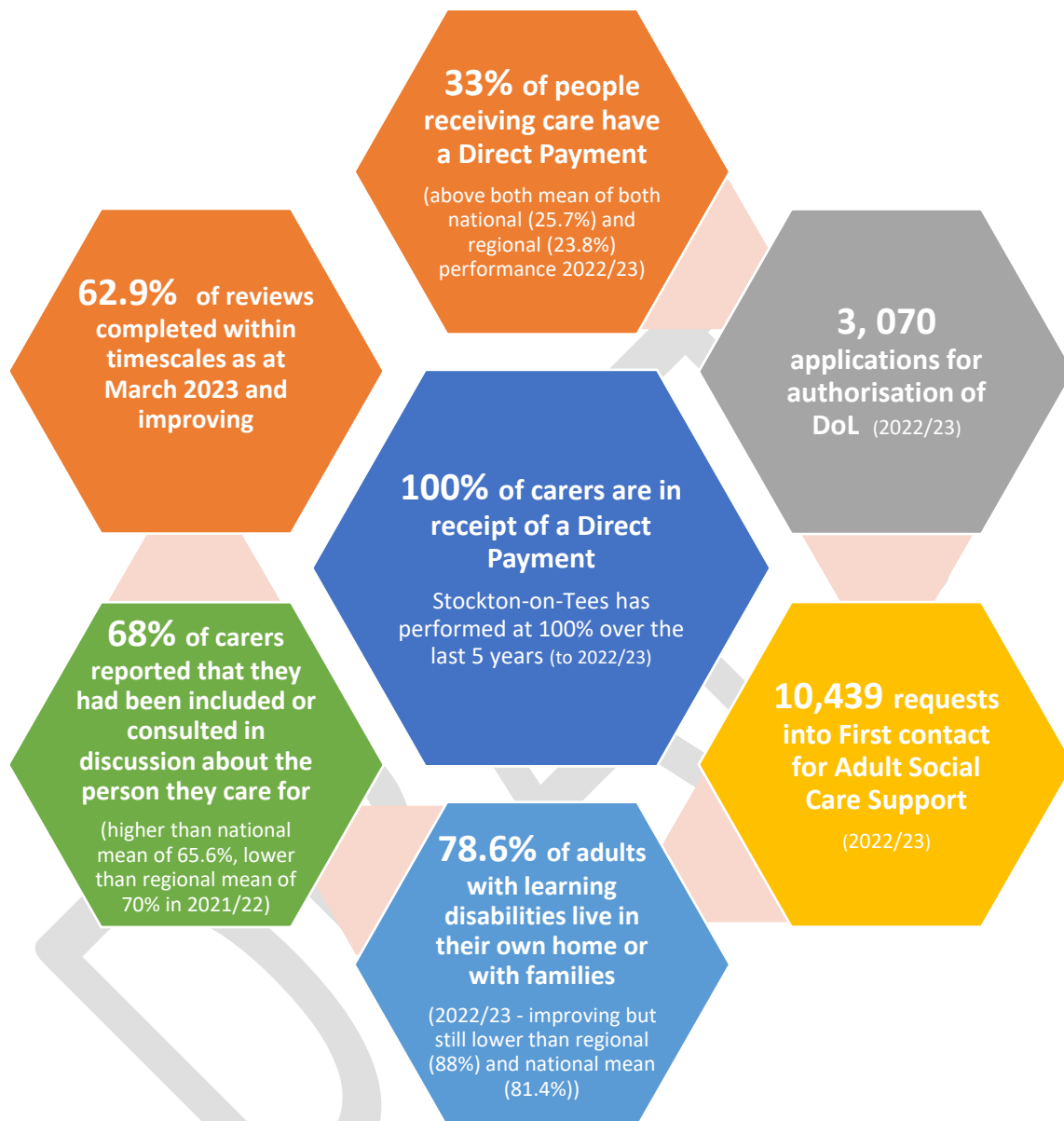
Our Adult Social Care Services - Adults Health & Wellbeing Directorate

The Adult Strategy and Transformation Team includes strategic planning, commissioning, service transformation and service design and development. The team works alongside Corporate Procurement to design, develop and commission social care for the people of Stockton on Tees. The team is responsible for effective commissioning of services, market development, service design and transformation of adults and health services across Stockton on Tees.

An overview of our services is below, and [our structure can be seen here](#).

EARLY INTERVENTION & PREVENTION	<p>First Contact Provides ASC information & advice, and signposting to local services; referral to operational teams/carers' service for assessment; contact point for all Adult Safeguarding concerns</p>	<p>Integrated Single Point of Access (iSPA) Health & ASC Team providing support & co-ordination to people to enable the return home from hospital</p>	<p>Reablement Team Supports people's return home from hospital with a focus on improving well-being through a personalised approach and delivering co-ordinated and effective services</p>	<p>Multidisciplinary Service (MDS) Health & ASC team aiming to prevent avoidable hospital admissions & referral into long-term ASC; completion of wellbeing assessments and development of support plans</p>	<p>Falls Service Part of the MDS service; provides education, assessment and early intervention to help prevent people from falling</p>	
	<p>Rosedale Centre Our in-house short-term (6 weeks) residential rehabilitation & assessment centre</p>	<p>Occupational Therapy Team Supporting adults to remain independent in all aspects of their lives, identifying solutions to safe and independent living</p>	<p>Early Intervention & Prevention Social Work Team Responds to requests for assessments of need for adults who appear to require care and support due to a physical or mental health disability. Aims to support people to access the right level and type of support at the right time to help prevent, reduce or delay the need for on-going support & maximise independence.</p>			
	<p>Sensory Support Social Work Team Specialist social care service for children & adults in need because of a visual and/or hearing impairment</p>	<p>STEPS Community Bridge Building Supporting people with a Learning Disability and diverse needs to develop links within their local community, promoting opportunities for them to do the type of things they'd like to do.</p>		<p>One Call (CQC-Registered) Our in-house assistive technology and response service to enable people to live safely and independently for longer in their own homes</p>		
	ADULT SOCIAL CARE: LEARNING DISABILITIES AND MENTAL HEALTH	<p>Adult Learning Disabilities Social Work Team Provides support to adults where the primary support reason is a Learning Disability; Supports transitions for young people (<18) into Adult Social Care</p>	<p>Adult Mental Health Social Work Team Provides support to adults where primary support reason is Mental Health; Supports transitions for young people (< 18) into Adult Social Care</p>	<p>Older People's Mental Health Social Work Team Provides support to adults where primary support reason is Mental Health; Supports people detained under the Mental Health Act; Supports transitions for young people (<18) into Adult Social Care</p>	<p>Oak Road Residential Care Home (CQC-Registered) Residential care home for adults with an identified Learning Disability. The home promotes independence, adopting a person-centred approach to support and enhance people's life skills.</p>	
		<p>Lanark Short Breaks Service (CQC-Registered) Provides planned short breaks for adults with an identified Learning Disability and eligible need</p>	<p>Community Based Day Options</p> <ul style="list-style-type: none"> Allensway Day Service offers support to people with complex needs, with opportunities to maintain and develop skills which can be used in everyday life. Halcyon Centre day service for adults and older people, including those living with dementia, providing a range of opportunities to improve quality of life in a stimulating and supportive environment. Livewell Dementia Hub - provides information about dementia, support and training for anyone living in Stockton-on-Tees 			
		ADULT SOCIAL CARE: ASSESSMENT & SUPPORT PLANNING	<p>Adult Safeguarding Team Works with people and partner organisations to protect people's rights to live in safety, free from abuse and neglect; Manages and progresses Section 42 enquiries, underpinned by Making Safeguarding Personal; Works closely with the Teeswide Safeguarding Adults Board</p>		<p>Assessment & Support Planning and Review Teams Provides support to adults (18+) where the predominant reason for support is due to a physical disability or physical frailty and where long term support needs are identified; completes assessments of need for support & re-integration into the community for people in our local prisons; completion of assessments & reviews</p>	
<p>DoLS Administration Team/Mental Health Office Manages all aspects of the administrative function of the DoLS and Approved Mental Health Professional assessments under the Mental Health Act to ensure that SBC meets its statutory duties.</p>			<p>Stockton-on-Tees Shared Lives Service (CQC-Registered) Offers adults and older adults with a physical or learning disability, frailty, or mental health need an alternative form of accommodation and support within a carer's own home and family</p>		<p>Carers' Support Service Supports all adult carers in Stockton-on-Tees who care for another adult; Offers assistance to help carers identify their own needs; Support with signposting</p>	

Theme 1: Working with People Key Data



Our Strengths

- We are committed to Practice Development and working in Strengths-Based ways
- We have a strong Direct Payment Offer
- Working in partnership, with robust links across the VCSE Sector and NHS Partners
- Supporting people to return home, with a strong in-house Reablement offer
- Continued compliance with the MCA DoLS Framework and Mental Health Act

Areas for Improvement and Direction of Travel

- Reduce the number of people waiting for assessment and review, and increase the number of reviews completed within timescale
- Continue to increase the percentage of contacts resolved at the front door to ASC and continue to reduce the proportion of people who enter Long-Term care
- Build on the work completed to better engage with people who are seldom-heard

- Embed a culture of practice audit

Our Strengths

Practice Development and Strengths-Based Practice

We continue to develop our strengths-based approach across Adult Social Care, to support people to live as they want and ensuring that they remain central to the assessment process. Feedback from our peer-led review in October 2023 identified staff confidence in describing how they are working in strengths-based and person-centred ways. This is reflected in the ASCOF measure (right):



Our [Strengths Based Approach Policy for Assessment and Support Planning](#) sets out our approach in protecting and promoting people's independence, resilience, ability to make choices and their wellbeing, underpinned by the Three Conversations model. In 2023/2024 we had 315 of staff across the operational teams and direct services register for our strengths based approach training.

We introduced our interim [Adult Social Care Quality Assurance Framework](#) in April 2024. This sets out our vision and commitment to a person-centred and strengths-based approach across the system. To support recording of strengths-based working and embedding this in practice, we set up a working group to review Care Act and support planning documentation to focus conversations on the strengths and assets-based approaches. We piloted the revised Care Act documentation in December 2023 and will launch the new documentation, following an evaluation of the pilot, in June 2024.

Individual Care and Support Plans are co-produced with people across the Social Care Teams. Our case-file audit tool makes clear reference to evidence of the strength-based approach, to people's independence and choice being promoted and their full involvement in decision-making. We also seek direct feedback from the person and/or their carer about their experience during the case file audit process. We have also updated our supervision documents to include assurance around strengths-based practice.

Our workforce is highly skilled, and we have a strong and proven commitment to workforce development so that the workforce is equipped with the knowledge, skills and confidence to deliver person-centred, high-quality care in line with the Care Act. We are linked with NE ADASS Workforce Development group and our Quality Assurance and Workforce Development Manager is involved in research with Sunderland University to evaluate the Social Work Apprenticeship Programme.

We have clear CPD requirements and offer a range of in-house and commissioned training and development opportunities to staff. A Quality Assurance and Workforce Development Team was established in late 2023 with significant work completed alongside operational managers to review training compliance and needs, to ensure that training is available to meet mandatory requirements and identify specific training needs across our services. Work has recently been completed to map out the available training to the Skills for Care core training. This has resulted in SBC sourcing some additional training courses from Skills for Care. We have a clear progression framework, set out in our Social Work Progression Standard Operating Procedure. This is incorporated in the Adult Social Care recruitment/induction process

We have established links with universities for staff to undertake professional, role specific CPD including Practice Educator, Adult Safeguarding (within the AYSE programme), DoLS Best Interests Assessor (BIA) initial and refresher training (Northumbria University), Approved Mental Health Professional (AMHP) initial and refresher training (Teesside University) and the Social Work Apprenticeship Programme (Sunderland University)

“Stockton Council shows great commitment to effectively undertaking its statutory duties in respect of the Mental Health Act 1983 and the Mental Capacity Act 2005 through its continual investment in the specialist post qualifying education of its workforce. Lead staff communicate very effectively with the University about workforce needs, and ensure that staff who are sponsored to undertake specialist post-qualifying education receive a high standard of support and excellent practice learning opportunities” Feedback from Northumbria University, **Partner Feedback Survey May 2024**

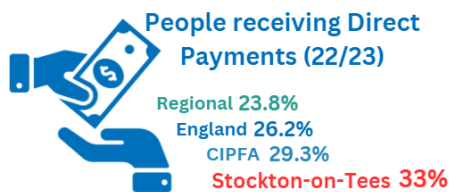
Staff are supported to complete their professional registration and leadership qualifications in order to meet the progression requirements. We also facilitate and support student placement opportunities, including for Student Nurses. This promotes development opportunities for staff, as well as recruitment and retention of good-quality students.

Approved Mental Health Professionals and DoLS Best Interests Assessors are based in the operational teams. This supports completion of assessments and embeds learning and shadowing opportunities across the workforce. Specialist assessments are also completed by the Occupational Therapy and Sensory Support Teams.

Our new Adult Social Care workforce development strategy is currently in development with implementation expected in Summer 2024.

Direct Payments

Everyone assessed as having eligible needs is offered an indicative personal budget. People then have the choice and control to decide if they want to receive a Direct Payment, and if so, the support to decide how they might use this to meet their needs. Our dedicated team in Adult Social Care and Financial Services provides a comprehensive service, offering support with job adverts, recruitment of Personal Assistants, employment contracts, Disclosure and Barring Service Checks and a payroll service.



We have updated our recording to show where a Direct Payment is offered but not taken, as well as when it is. This means that we can evidence our strengths-based approach of “Direct Payment by default”.

Working in Partnership

Prevention and Early Intervention

Public Health services within the Council’s public health function support prevention and early intervention particularly services around domestic abuse, substance misuse and mental health, as well as services such as stopping smoking, weight management, physical activity, sexual health and NHS health checks. Public health is working closely with the wider system such as the NHS and VCSE organisations to offer services and interventions that will improve the health of the population and reduce health inequalities and provides grant funding to 17 local VCSE organisations as well as a wide range of NHS providers.

We have resilient and established partnerships, supporting people to live independently and reduce the dependence on long term care in line with our Council Plan and Adult Social Care Strategy. We have invested in low level preventative services in partnership with key stakeholders (NHS and local Voluntary, Community and Social Enterprise (VCSE) organisations) to ensure a joined up and sustained approach to prevention.

Key services include:

- The Multidisciplinary Service (MDS)

- Integrated Single Point of Access (iSPA)
- Intermediate Care, adaptations and equipment
- The Livewell Dementia Hub
- Learning Disability day services
- Social Lights (a volunteering Scheme which aims to support adults in receipt of Adult Social Care to access the community)
- Community Connect (helping people to access local groups, activities and services in the community to improve their health and wellbeing)
- Community Spaces
- STEPS (a service to support people with disabilities so they can discover and explore the range of activities, facilities and organisations exist within the local community).
- The Bread and Butter Thing (a mobile food club to make life more affordable for people on low incomes, build stronger communities and reduce food waste).

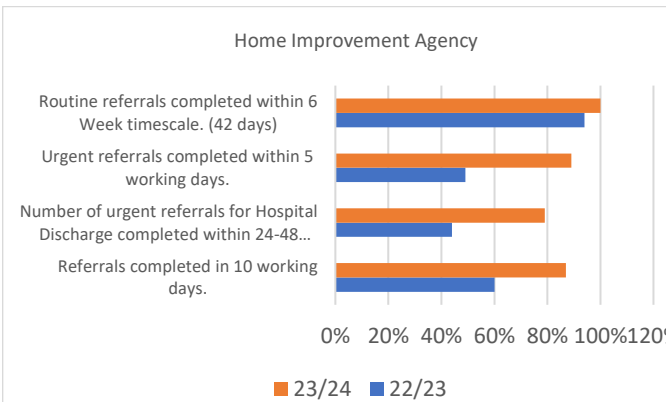
These services aim to support people in Stockton on Tees to stay in their own home and many of them are not subject to any financial assessment.

In partnership with the ICB we provide a Discharge to Assess model funded through the Better Care Fund, delivered by independent care providers under a block contract arrangement of 320 hours per week in total. The contract requires the provision of care and support, under the Care Act, on the same day.

The Council's Reablement Team provides rehabilitative care, exercises and equipment to support a person to become as independent as possible, with people accessing the service for up to 6 weeks. Our data shows us that 67.9% of people who have accessed Reablement, do not require any funded provision following completion of their support.

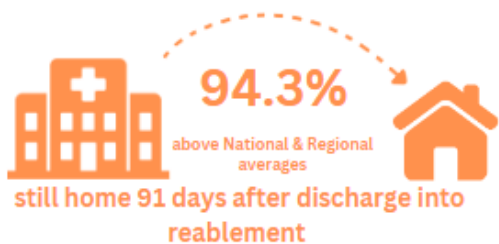
*"The offer of 6 weeks of treatment before a review was good – plans could adapt depending on my progress"
Person accessing Reablement Service February 2023*

We actively facilitate access to essential equipment and minor adaptations that allow people to remain in their home. When the Stockton Home Improvement Agency (HIA) was brought inhouse in July 2021 it was restructured to improve the flexibility of the service to meet people's needs. Performance of the HIA has improved from 2021 with an average of 79% urgent Hospital discharge referrals completed within 24-48 hours and 100% routine referrals completed within the six-week timescale.



It is recognised that the local care and health system for acute hospital discharges is one of the best performing systems in the country, providing and promoting the home first approach to ensure people's timely, safe return home, with the support they need to recover from being unwell. Relationships between care and health support a thriving environment for

good practice, innovation, and integration, all playing a key role in the continued performance in this area. We have seen the impact of the local system approach with our NHS colleagues to support people to return to/remain at home in the reduction of Pathway 2 discharges (this was 51% lower for Stockton in Dec 2023, compared to December 2022) with an improving trend toward Pathways 0 and 1 and away from Pathways 2 and 3. Whilst it is recognised that this is a journey of continuous improvement, good progress is being made.



In May 2024, 69% of ISPA referrals progressed to either pathway 0 or pathway 1, with 31% of referrals progressing to pathway 3 and 4.

“Locally, we have ... seen urgent community response and Hospital @ Home (virtual ward) provision develop in collaboration with our partner organisations with these areas often held up as exemplar service models.

It’s been great to see the Integrated coordination Centre and iSPA go from strength to strength. It’s exciting to think that there are more opportunities for improvement with these services and those that they link with... its worthy of note that the collective effort of the partnership working has delivered positive outcomes again this year. This is no mean feat given the increasingly complex needs of the people we are supporting. ..

In terms of discharge from hospital, stranded patient and super-stranded patient position remains relatively positive thanks to the outstanding work of the teams involved in supporting patient flow... this is testament to the work of the whole team and the effective collaboration this is built on.” Feedback from Care Group Director, Healthy Lives Care Group University Hospital North Tees, April 2024

We also work collaboratively with our regional local authority, the 9 prisons in the North East and Spectrum (the provider commissioned to provide social care into the prisons) to meet the needs of those people in prison with a social care need. This partnership is underpinned by a [Memorandum of Understanding](#).

We are a member of the [Northeast Local Authority and HMPPS Strategic and Development Regional Group](#) to support delivery of the North of England Prison Health Partnership Board’s key priority to support the continuing improvements for health and social care outcomes for people in prison. The group reviews the good practice across prisons to ensure a consistent approach to social care across the prison estates.

Through this group we have:

- Introduced a Prison Forum where other local authorities are invited to attend.
- Developed a “buddies” programme whereby prisoners supports other prisoners and provide advice and guidance regarding the support that can be provided.
- Introduced a “Trusted assessor” document to ensure people needs are met in a timely way.

We also share good practice through the Care & Justice Network Meeting and provide quarterly Adult Social Care training into the prisons.

As part of a community transformation programme for Mental Health, a Wellbeing Hub is opening in Stockton town Centre in June 2024. This will bring organisations across sectors together in a central location to deliver early-intervention support for Mental Health, and for people experiencing severe mental health difficulties. The hub will host wellbeing staff, a Social Worker, staff from Tees Esk & Wear Valleys NHS Foundation Trust and will receive some Public Health funding. This builds on the “virtual hub” in Stockton – an online collaborative forum where mental health and associated professionals including VCSE staff work together to support people with severe mental health problems.

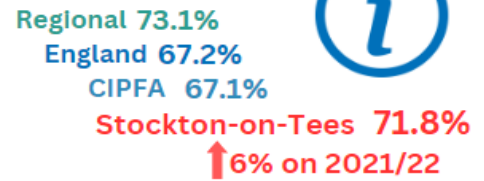
The Fairer Stockton-on-Tees Strategic Framework for tackling inequalities 2021-2031 has identified a range of support and services for people who may otherwise be unable to receive support or who may be seldom-heard. Alongside partner agencies including VCSE partners and social housing providers, the Fairer Stockton-on-Tees team has built a directory of Community spaces, including in Traveller communities. This work was featured as an example of [good practice by the Local Government Association](#).

Access to Information and Advice

Our information and advice is available online, in print (including accessible format and [co-produced information](#)) and through our community-based services. Our LAS system includes flags for individual information requirements.

The [Stockton Information Directory](#) includes information about services, advice and support for adults, children, young people and families in Stockton-on-Tees, now including all VCSE information and providing access to our [Adult Social Care - Stockton-on-Tees Borough Council](#) and [Health and Social Care - Stockton-on-Tees Borough Council](#) internet pages where people can find out about the support available and how to request an assessment (adult social care and carers’ assessments can be completed online).

People who find it easy to find information about services



We also provide information and support through community-based services. The Livewell Dementia Hub provides information about dementia, support and training for anyone living in Stockton-on-Tees. The Dementia Advisor Service provides specialist information and advice about living with dementia. Working with people from the early stages of diagnosis, they ensure that people with dementia and their families have the knowledge, skills and confidence needed to help with health, care and self-management.

Community Support Workers in the Social Work teams work with people and their families/carers in implementing their Care and Support Plan, promoting and enhancing their independence to live at home and access community services.

Our Community Support Workers are brilliant about knowing what is out there – ours has made a good information pack for us. If we are looking for anything (i.e. a community support group for someone) we go to her ...she’s brilliant
Feedback from staff member. April 2023

Rosedale Centre produces a [welcome newsletter](#) for people accessing the service

Through our involvement in the North East ADASS carers’ network, we accessed Accelerated Reform Funding and piloted a Carers’ app with known success in reaching carers from the BAME community and male carers. This follows on from our work in 2021-2022 with the “Mind the Gap” project and Catalyst, to identify carers in Refugee and Asylum Seeker communities. This work resulted in us reviewing our public information to ensure that this was more accessible.

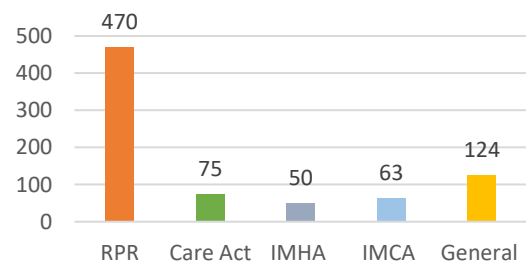
The Migrant Health Public Health project is working to engage with refugee and migrant communities and identifying steps to improve overall health equalities, including access to health and social care. The Lived Experience Co-Ordinator is supporting this work, to promote engagement with these communities and identifying opportunities to ensure that we are supporting people to have their voices heard.

Advocacy

People First, our commissioned advocacy provider, support people to have their rights and voices respected and to support people to live the life they want to. Please see [information about the services provided](#) along with the [Quarter 4 Report](#).

The Peer Advocacy Service, funded by Public Health, addresses inequalities in care and support and aims to improve health, wellbeing, and life chances for people

Stockton Advocacy Referrals to People First in 2023/24



with multiple disadvantages in Stockton-on-Tees using an asset-based approach to working with individuals.

Supporting Unpaid Carers



Supporting 12% of estimated carers population

Our Adult Carers' Support Service was brought in-house in 2018 and supports adult carers (over 18) in Stockton-on-Tees who care for another adult. We offer assistance to carers to help them identify their own needs and put plans in place to make sure they are looking after their own health and wellbeing. We also support with signposting and navigating local services.

The 2021 census reported that approximately 19,700 people in Stockton-on-Tees are unpaid carers (just under 10% of our population). We support approximately 2,436 unpaid carers (significantly more than the 103 carers registered at the point that the Carers' Service was brought in-house in 2018) and we identify around 73 new carers per month on average, through our engagement activities. 100% of carers we supported, receive direct payments (as at 31/05/2024).



Carers receiving Direct Payments (22/23)

Regional 73.9%
 England 76.8%
 CIPFA 80.2%
 Stockton-on-Tees 100% since 2017

Our support ranges from advice, support and signposting to more formal support. We offer respite and contingency arrangements for carers, including support to 93 people currently via our "time out" service (a service that offers up to 8 hour per month free of charge support to informal carers to enable them to have a break from their caring role). The Council has issued 1809 carers emergency cards to date.

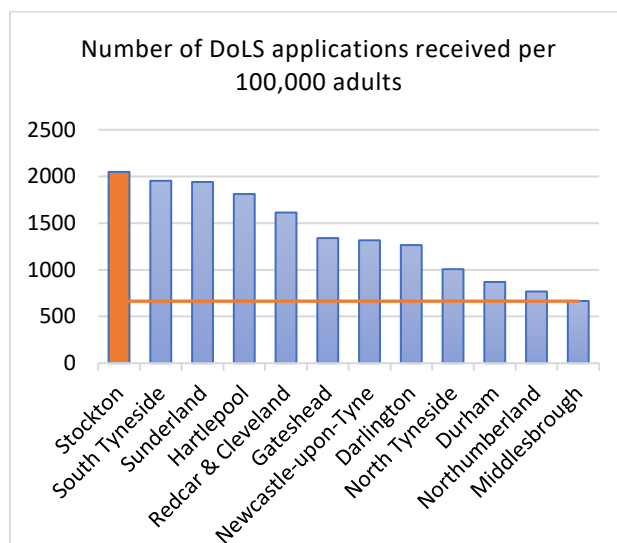
Approximately 1,900 of unpaid carers are recorded on our Liquid Logic Adults System (LAS) (those who are receiving a service following a Carers' Assessment).

The Bridges family and carer service commissioned by Public Health, offers advice and support for families and carers affected by substance misuse, across Stockton-on-Tees.

Between April 2023 and March 2024, there were 4354 visits to the Livewell Dementia Hub, and 537 referrals into the Dementia Advisor Service.

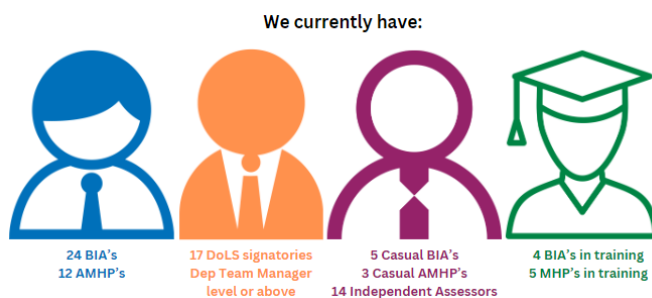
DoLS and AMHP Assessments

We are performing well in ensure that people's Human Rights are protected and that our obligations under the Mental Health Act and Mental Capacity Act Deprivation of Liberty Safeguards are met. We have no waiting list for authorisation of Deprivation of Liberty in care homes or hospitals, despite Stockton-on-Tees seeing annual increases in the number of applications and receiving the highest number of applications (per 100,000 population) in the Region and CIPFA peer group.



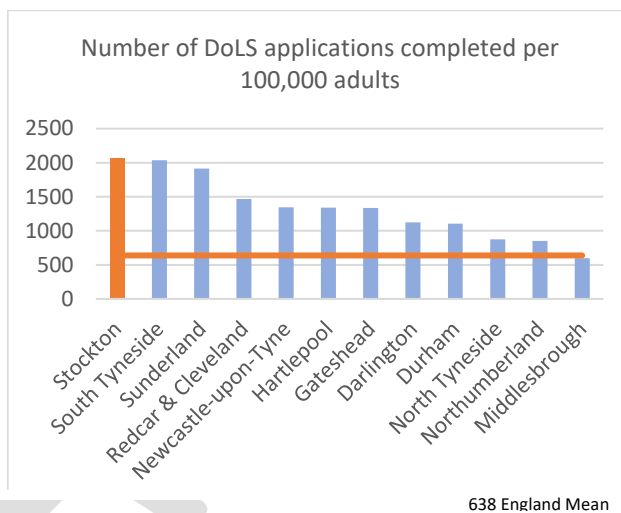
We formed a dedicated DoLS Administration Team in response to the significant increase in DoLS applications following the Cheshire West judgment in 2015. Dedicated BIA resource was also allocated with a view to address the significant number of people (c. 900) identified as meeting the acid test for deprivation of liberty. The Mental Health Office Administration Function was brought into the DoLS Administration team in January 2023.

We have continued to invest in staff development to support compliance. Completion of the BIA or AMHP qualification is a requirement of the progression framework, with the expectation that once qualified, staff will be added to a rota to complete assessments. Qualified BIAs and AMHPs are also required to attend the required refresher training.



DoLS

We have a strong performance record for DoLS, with no waiting list since December 2016. All applications and authorisations are completed within the statutory timescales, including requests for further Standard Authorisation. We are in the top 25% nationally for the number of applications received AND completed per 100,000 population and we have the highest number of applications received and completed per 100k population regionally. [Official statistics](#) for DoLS in 2023/2024 tell us that we perform very well for the time taken to complete authorisations (mean time between referral and completion was [11 days](#), against a national mean average of 156 days).



Source DoLS Official Statistics 22/23, NHS England

In 2023/2024 37 section 21a challenges were progressed, and 31 reviews completed. Between May 2023 and April 2024, there were 19 referrals for 39a IMCA for a DoLS assessment 470 referrals for independent Relevant Person's Representative.

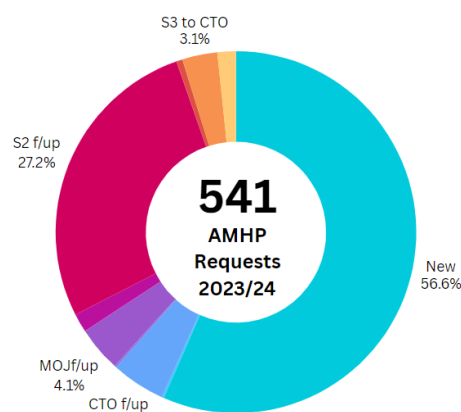
Approved Mental Health Professional (AMHP) assessments

Our policies, procedures and systems ensure a timely and co-ordinated response to requests for new assessment requests and planned work under the Mental Health Act. There are no waiting lists for AMHP assessments.

To support staff in their role we:

- Hold peer reflection forums every two months or sooner if required
- Have a Senior AMHP on duty daily to offer a staff debrief if required
- Have a Senior manager on duty after 5pm during the working week to offer out-of-hours support for the Duty AMHP and Back-Up

Between May 2023 and April 2024, there were 50 referrals for IMHA support.



Our Areas for Improvement and Direction of Travel

People waiting for assessment and review

Our Performance Surgery Dataset for April 2024 evidences:



Care Act Assessments - April 2024
763 undertaken
90.6% were completed within timescales (28 days)
Average time for assessment is 22.9 days
164 people are waiting for a CAA



Care Act Reviews - April 2024
236 reviews completed
77.9% were completed within timescales (80 days)
456 clients who have not had an annual review completed within 12 months - 22%

We have seen an improvement in the number of people waiting for reviews – this was 733 in April 2023, reducing to 456 in April 2024.

People waiting for assessment has increased to 138 days at the end of May 2024 compared to 91 days at the end of 2023/24. The operational teams had worked hard to decrease the numbers of people waiting for assessment from a high of 195 in June 2023, and had seen a downward trend over the latter half of 2023/24. However the beginning of 2024/2025 has seen an increased number of people waiting.

There had been some changes made to the way contacts were recorded on LAS, effective from February 2024, with the operational teams ensuring that contacts for existing clients were also entered onto the system when additional requests for support were made. This has contributed to an increase in the reported number of people waiting. We set out in the Managing Risk section below the steps we are taking to address the challenge of people waiting for assessment and review.

We have identified that the monthly dataset has not provided waits across the operational teams and this will be built into reporting for the remainder of 2024/2025.

Managing risk when people are waiting for assessments

We have reviewed our systems to ensure that we have a clear, universal understanding of when waiting starts, with robust governance arrangements in place to ensure that risks are identified and managed while people are waiting. A Referral for Adult Social Care Triaging Risk Assessment is in place to manage any holding lists. Cases are triaged and priority-rated, a risk assessment is completed, and this is recorded on LAS. We send a holding letter to the person (which is also attached to their LAS record), explaining the process, and based on the priority rating, the person is contacted weekly, fortnightly, or monthly. We are also focusing on people's experience of being on a waiting list, what "keeping in touch" means and how we might improve this.

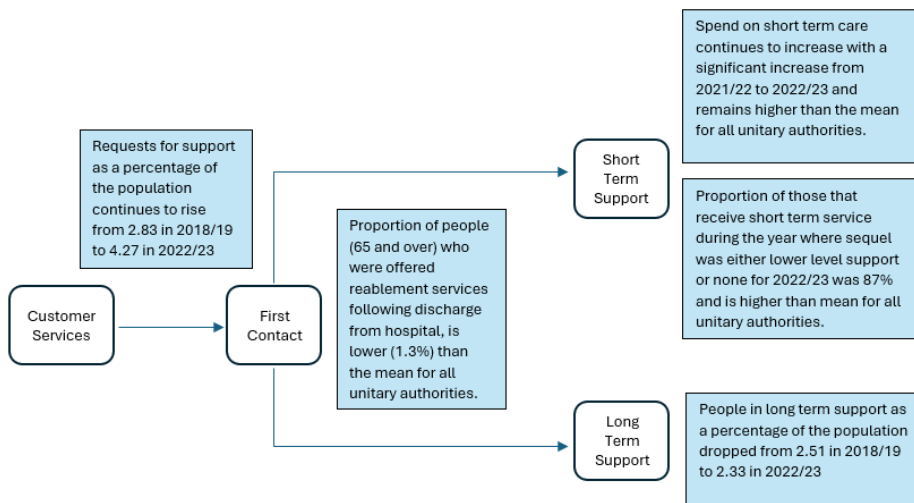
Operational Performance Clinics have been introduced for both operational teams and our direct services, taking place every 4 weeks. These clinics ensure that Service and Team Managers and operational staff are now more focused on caseloads and the impact of high caseloads on waiting lists and times.

The numbers of people waiting for assessment and waiting times are recorded at each Performance Clinic, with team managers required to present a plan on how the waiting list/wait times will be reduced. A plan to reduce and address waiting lists is agreed at the Performance Clinic and waiting list times are monitored. While waiting lists were previously managed within individual teams, the Performance Clinic supports a whole-service approach, with peripatetic Social Work resource being used to alleviate acute pressures in operational teams, as well as resource within teams being deployed to other teams as necessary. This has been used to address pressures in the Adult Learning Disabilities and First Contact teams.

Additionally, any delays to the start of packages of care are escalated weekly to Senior Managers and a weekly review meeting takes place with Team and Service Managers, the Brokerage Team and the Assistant Director for Adult Social Care to identify and address and unblock any issues contributing to the person's wait.

Contacts resolved at the front door to ASC

Source: LAS and LG Inform.



The figure above shows the challenge the Council is addressing as part of its 2024/25 business plan and within the Council wide Powering our Future Programme (PoF) to improve earlier support for people and improve their longer-term outcomes.

We effectively divert 27.8% of people who contact the Council to self-support and other services at Customer Services. It should be noted that 2022/2023 data for reablement accounts only for our Reablement Service and does not include data from Rapid Response or Discharge to Assess and therefore reporting changes have been made for future collections to accurately reflect activity. For the 6,675 people who came through to First Contact in 2022/23 the highest proportion of people went on to low level support (proportion of those that received short-term service during the year where sequel was either no ongoing support or support of a lower level).

People who received short term service where sequel was lower level support or none

Regional 82.3%
 England 77.5%
 CIPFA 78.2%

Stockton-on-Tees 87%
 improving last 3 years

We recognise that we could be more effective in preventing the need for long term support and are building on the positive work already in place. Through the Powering our Futures Programme, we are reviewing the Intermediate Care Service, in partnership with stakeholders, and evaluating national good practice to shape and deliver a more inclusive service to support current and future step up and step-down provision.

We are making positive progress in implementing enabling technology (falls sensors, teleassist, activity monitoring solutions, virtual house) but we have ambitions to develop opportunities with key partners and stakeholders to develop enabling technologies further and build a wider base of support for local communities and people. We are working closely with the NE ADASS technology innovation group to develop local offers and secure funding to scale up technology enabling opportunities.

Information and Advice

While we provide information and advice in a range of ways, we know that we need to have a better understanding of the people, communities and localities that do not, or choose not to access support,

and to improve our engagement across Adult Social Care. We know that we need to ensure that we reach out to those people and communities who are seldom heard, across services.

There are opportunities to link in with the positive work underway in other areas of the Council, and in Adults Health and Wellbeing that could be better explored and joined up, to ensure that we are engaging with all of our communities across adult social care. This includes the work through a Fairer Stockton-on-Tees and the Migrant Health Public Health project.

While we recognise that the Making it Real Board will take time to grow and establish itself, a priority is to ensure more diversity in our membership, with opportunities for the Making it Real Board to engage with our communities. This will be an area of focus over the coming year.

We also recognise that we need a more co-ordinated approach in hearing from people about their experience of their care and support. We have received feedback from people that they have found it difficult to find their worker's contact details (this is reflected in the volume of calls to Customer Services requesting to be put through to the worker). In response to this, we will be introducing "contact cards" to be shared by the worker when visiting the person. This will include key contact details and a QR code to link to a feedback survey, with the aim of providing more "real-time" feedback.

Practice Audit

There are well-established audit processes and systems in our Direct (regulated) services, and we are now working to embed an audit culture across all of Adult Social Care. While audits are completed in informal and formal ways across teams and services, we need to ensure a more co-ordinated approach that looks at the person's journey and their experience of accessing our services as a whole so we can evidence the quality of our assessments and reviews, aligned to our Quality Assurance Framework. We are in the early stages of exploring and implementing a database for our direct services and exploring how that can support our data collection and reporting processed in monitoring these services to provide real-time data which can drive continuous improvement.

Work is underway to draft an audit framework and audit tool for case file audits. This incorporates a tiered approach to audits, from quantitative audits (Tier 1) to qualitative analysis by manager of Social Work and Occupational Therapy Teams (Tier 2) and specialist audits at Tier 3 (DoLS and AMHP assessments for example). Review of audits will be addressed in supervision with managers and will be a standing item at performance management meetings. This work will feed into the broader direction of travel in our commitment to improve our performance monitoring across ASC.

Theme 2: Providing Support

Key Data



Our Strengths

- Our strategic planning processes in our market shaping support vibrancy and sustainability in the market
- Effective commissioning and provider management support Quality of our commissioned services
- Effective Care Provider and Stakeholder engagement, and partnership working

Areas for Improvement and Direction of Travel

- We need to better-understand the size and diversity of the self-funding market
- We need to work more consistently with people with lived experience and actively engage them in our commissioning process
- Develop our micro-commissioning and Community Led support approaches
- Expand our accommodation options so that more people can live independently
- We need to increase the number of Adults with a Learning Disability in paid employment

- Work with partners and providers to promote recruitment and support staff retention across the care sector for a more sustainable market.

Our Strengths

Market shaping

Our approach to market shaping is effective in spite of a challenging environment. We have established strategic planning processes that ensure the market for health and care is vibrant and sustainable. This includes the current Adult Strategy 2021/2025, the Health and Wellbeing Strategy 2019-23 (currently being updated and will be republished in August 2024) and the Market Position Statement 2023-26 which was refreshed in Q4 2023/24.

More recently, in line with expectations around “*People at the heart of our care*” we have engaged with the market and completed both our assessment of the Fair Cost of Care and our Market Sufficiency Plan. Both documents will inform future market engagement and business planning from 2023 onwards reflecting the Council Plan and priorities.

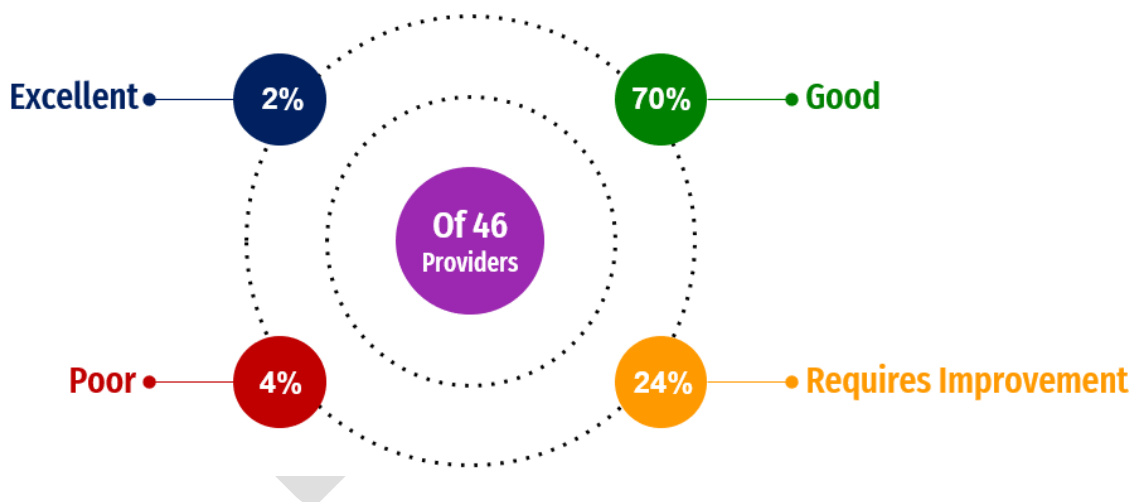
Quality of our Commissioned Services

Through effective commissioning and provider management and support we have a market that provides a good standard of care and support relative to the national picture



Across all regulated services that have been through a PAMMS assessment, 72% are currently assessed as good or outstanding. The plan for 2024/25 is for all older people’s residential care homes to have a full PAMMS assessment and for other providers to be assessed on a risk basis.

PAMMs Assessments 2023/24



In addition to commissioned services, the Council has several in-house regulated services (discharge support, reablement, OneCall, care homes for people with complex needs and Shared Lives). All of these services are assessed as Good by CQC.

Overall, the market for regulated services in Stockton on Tees (all providers, not restricted to our commissioned services) is performing well, although we do have a relatively high proportion of care at home providers who are new and do not yet have a current CQC inspection result.

Regulated Provider Market in Stockton-on-Tees

Source LGInform @ May 24



Care provider and stakeholder engagement.

We have established several groups for working with care providers as part of our Care Act responsibilities and efforts to ensure a sustainable market and positive experience for people accessing care and support.

In the past 12 months we have:

- Worked with the older people care homes and Care at home providers to redesign and re commission the key contracts for delivery of these services.
- Worked in collaboration with NENC ICB and the other 4 Tees Valley LA (as part of the Tees Local Implementation Group) to re design and commission a Tees Complex Care and support framework and engage with potential new residential and accommodation providers across Tees.
- Established an effective leadership and peer support network which continues to share good practice and supports partnership working across providers.

What people say.

- *“Care providers see themselves as partners to ASC. This is directly related to the efforts ASC has gone to in supporting providers (e.g., Well Led programme)—and this has resulted in some impressive improvements in the quality of the care market.”*
Peer Inspection Oct 2023)

We also have governance structures, strategies, processes, and business plans in place to involve key stakeholders including the VCSE and the NHS in joint commissioning, decision making and collaborative working as well as service delivery. These include:

- The Better Care Fund (BCF) which demonstrates how we work collaboratively with local partners to agree and align priorities and responsibilities, and identifies, understands and addresses the needs of their people accessing services. The BCF planning requirements, Discharge to Access workstream and the Hospital Discharge Fund have demonstrated that a pooled budget is being used to deliver joint objectives and plans to support hospital discharge and people living in the community.
- Partnership arrangements within the Integrated Single Point of Access (iSPA), the integrated Urgent Care Centres, Health and Wellbeing Board, Adult’s Health and Wellbeing Partnership, Care Sector Provider Forums, the Teeswide Safeguarding Adults Board (TSAB) and Mental Health Transformation.
- Tees Community Equipment Services (TCES) is a formal partnership between the 4 Tees LA and North East and North Cumbria ICB (overseen by an Integrated Community Equipment Services (ICES) Board with each LA and the ICB having voting rights) to manage and develop this service across Tees. The ICES Board is currently chaired by Stockton Council and has

instigated a review and revision of a 5-year plan to ensure the service is delivering what people need for the future.

- The Council working collaboratively with partners in delivering several services through integrated teams. Through the peer inspection in October 2023, the NHS reported good partnership working with the Council, citing examples of successful outcomes delivered by partnership working including the virtual frailty ward (which has saved an estimated 300 days in admission avoidance), the transformation of community mental health services and support and hospital discharge (the Trust is the Region's best performer for hospital discharge). Community Integrated Intermediate Care (CIIC) is an integrated service with health and social care. It works closely with internal and external partners to deliver high-quality, responsive intermediate care and reablement services to enable people to return to their optimal independence.

What people say.
"NHS partners rely on ASC –and appreciate the support they receive, especially with regards to hospital discharge and supporting people with MH issues to move out of long stay hospitals." (Peer Inspection October 2023)

Tees Valley and North East "place"

The local geography of Tees Valley provides a solid basis for wider "place based" collaboration with other neighboring Local Authorities. Over the past 12 months we have collaborated on developing, agreeing, and commissioning two regional frameworks (Complex Care and Support and Advocacy – both now in place) that build on good practice and ensure effective use of resources and commonality of approach and monitoring across the 5 Local Authorities.

We also collaborate with other Tees Valley and North East Local Authorities through formal and informal networks to respond to commissioning needs and opportunities. For example, we are part of the Tees Local implementation Group (LIG), sharing information and opportunities for joint working. The LIG has undertaken several engagement events with local providers to begin to stimulate the market to future local demand. We are also involved in a number of the various specialist groups through NE ADASS (these include including a commissioning group and a technology group) which share intelligence, opportunities and collaborate on joint bids and projects to benefit from scale and shared expertise.

Partnership working with the VCSE Sector

The Council, as with most local authorities, commissions most of the care and support the local market requires from the independent or VCSE sector. Ensuring continuity of care and sufficiency of provision is essential so our approach to commissioning is centred on the person and collaborating with partners and stakeholders to ensure services are effective. Recent examples of this in practice:

- Engagement with people accessing services and partners to review extra care for older people and develop / redesign services during 2023/24. This included meetings with residents, care providers, and registered social landlords to understand how the service could be improved in the future.
- Engaging with families of people accessing Ware Street Day Service (for people with autism and learning disabilities) to identify how we could improve the service when it requires re-commissioning. Feedback was considered and the specification updated and shared back with families. One proposal was for families to be involved in the evaluation of the new provider for the service which was undertaken in Summer 2023.
- As we develop our approach to co-production, we have engaged more consistently with existing and emerging fora that provide an opportunity for the voice of the person to be front and centre. This includes the Over 50s Forum (which is now run via Catalyst) and the VCSE Mental Health forum.
- Within contracts, we ensure arrangements for quality assurance and support are effective and partners work well together. Within our quality assurance approach, the Council Quality Assurance and Contract Officers undertake annual quality assurance checks through the

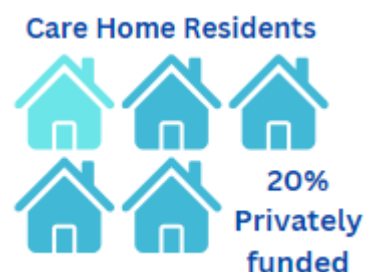
PAMMS system with colleagues from community pharmacy to assess medication management.

- Development of a revised service review model (agreed across Public Health and Adult Services) that reinforces the need to consider good practice both locally, nationally and internationally to inform future service design.
- The Council has worked with partners to develop Fairer Stockton-on-Tees - a strategic framework for tackling inequalities in the borough. The framework delivers targeted support and help to those currently living in poverty to improve their outcomes, including around health inequalities and emotional health and wellbeing. It is co-ordinated by Catalyst. A wide range of activities, groups and services delivered by non-profit organisations.
- Public Health: The Council's Public Health Team works closely with a range of local, regional, and national partners to deliver this, through the Health and Wellbeing Board and delivery against the Joint Health and Wellbeing Strategy.

Our areas for development

Self-funding market

The work on Fair Cost of Care highlighted gaps in our intelligence as to the size and diversity of the self-funding and private market. We know from CQC data that, as of April 2024, our 54 care homes had 1201 publicly funded and 311 private placements. The Council has engaged with the market through its re-commissioning of Care at Home and Older People's residential contracts to ensure this information is shared more. This is an area where the Council needs to establish reliable and regular flows of information to both manage the wider market in Stockton on Tees and ensure a consistent level of quality information to support self-funders and social workers in their effective decision making. This will be progressed throughout 2024/25.



Voice of the person

We are committed to developing our approaches to engagement and co-production as an essential element of our market-management responsibilities. We have engaged with people and stakeholders as part of the review of Care at Home and Residential Care contracts for older people, learning disabilities and mental health, but recognise that this could happen in a more consistent and meaningful way that aligns with our ASC Quality Assurance Framework. We acknowledge that we are at an early stage of working in a co-productive way and we know it may take time. This will be considered within our Making it Real and Making it Professional Boards during 2024/2025.

Micro-commissioning and community-led support

Commissioning at an individual level, usually through an assessment and support planning process can only be successful where the approach to strategic (macro) commissioning aligns to the person-centred approaches used within individual casework and commissioning for individuals. Building upon the expertise, knowledge and skills of people with lived experience can help to improve the service, rather than simply addressing a need which must be met.

The Council will need to ensure that there is a robust market / infrastructure in place to support micro commissioning by people with personal budgets or those who have a direct payment.

Sustainability of commissioned services and improving the market

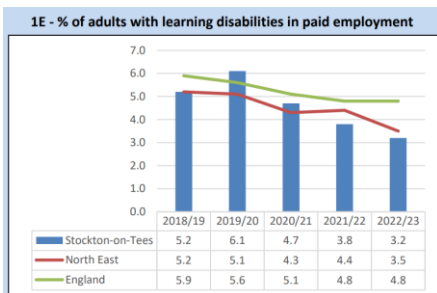
Through regular market engagement and assessment, the Council has identified several issues with the market over the past 12 months, specifically:

- Retention of carers across the care at home contract.
- Capacity for nursing provision for older people.
- Challenges in sourcing accommodation for people with complex care and support needs.

In response to these issues, and reflecting our strategic priorities:

1. We undertook a full review of the current contract and framework with key stakeholders to identify and agree what changes we could make to the contract to address some of the root causes of the staffing issues for care at home providers. In addition to the significant additional investment in the contract and commitment that funding went directly to the carers themselves, the new contract was developed in partnership with providers and included additional clauses including a guarantee and opportunity for sub-contracting and commitment to ISF which would provide greater assurance and stability to the providers and care staff from October 2024.
2. With respect to nursing, we engaged with the ICB and under our obligations under the Section 75 agreement lead a review of why providers are unable/unwilling to offer nursing and complex nursing provision. This work is still in progress and we will report back to corporate management team in July 2024.
3. During 2022/23 we worked in partnership with the Council's Housing team and the Housing LIN (commissioned to lead this project) to evaluate and develop a Strategic Housing Needs Assessment from which we have established multi agency project groups to ensure the findings are owned by all stakeholders, prioritised and implemented. A priority for 2024/25 is to ensure we progress accommodation options for people to support their move to independence.

Supporting people with a Learning Disability into paid employment



Our performance against the ASCOF indicator for the percentage of adults in paid employment is not as good as we would like and we have seen a decrease of 47.54% since 2019/2020. It has been noted locally through our STEPS service that workplace opportunities for people with a Learning Disability have become more limited (for example technological advances resulting in the loss of single-skill roles which would have been suitable for people with a Learning Disability, and an increase in workplaces requiring multiple skills for the role).

This challenge is being addressed at a Senior Management level with work being led by the STEPS service. Options are being identified currently, including a Stockton system group to co-ordinate the approach to employment opportunities for people with a Learning Disability, sharing information and developing an employment strategy. A full options appraisal will be presented to our Corporate Management Team in July 2024.

Through this work it has been identified that our performance information has not included all people who should be considered within the ASCOF measure (for example where there is no case active to an Social Work team on our LAS system). Work is now underway with our Performance team and through the LAS Strategic Group to ensure that our data are correct and inclusive of all of those people who meet the criteria for this measure. While we are aware that this ASCOF measure will not be included within the future national data set, we will continue to monitor our performance in this area throughout 2024/25.

Staff recruitment and retention:

The current market for care remains challenging. Latest figures, from Skills for Care (February 2024) identifies that there are a relatively high proportion of unfilled posts and that the number of care staff who are working with “zero hours” is higher than the North East (17%) and the national average (22.4%).



Workers employed on zero hours contracts
England 22%
Regional 17%
Stockton-on-Tees 27%

The Council, along with partners, is actively working with providers to find sustainable solutions to make the market and opportunities in care more attractive and support staff retention. In the past 12 months, we have:

- Continued to roll out a Care Academy with sector-based work academies and links to the North Tees Training Alliance to develop skills and competence have been key in ensuring some stability in what continues to be a challenging and fragile market. More recently, an identified issue with medication has led to the Council working with ICS to introduce level 2 and 3 medication training to the whole residential care workforce to support them in delivering good quality care.
- Our Transformation Team (established in 2019 with a commitment to transform the care market, beyond the contractual and Care Act obligations) has continued to work in partnership with regulators, VCSE, providers, people accessing support and the NHS to develop the market and services to ensure we make best use of the skills and expertise of all agencies and partners. Over the past 12 months this team has delivered a further cohort of the Well-Led leadership programme for care managers (the Team was MJ finalist for innovative workforce improvement in 2021 and APSE in 2023), continued to deliver one of the highest national participation rates in the National Institute for Health and Care Research (NIHR) Enabling Research in Care Homes (ENRICH) programme, the development of a Care Academy and implementation of digital opportunities including Teleassist and acoustic falls sensors.

The Transformation team is working really well. They have created a lot of opportunity for us to work together as providers –they broke down our barriers towards each other and we are now at a place where we are working with other care providers in generating ideas and learning from each other. We would never have got there on our own”. (Provider, Partners feedback survey March 2023).

Theme 3: Ensuring Safety within the System

Key Data



Our Strengths

- An effective Safeguarding Team and High Risk Adults Panel
- A strong Safeguarding Adults Board and focus on Strengths-Based Practice and best practice in Safeguarding and strong partnership working to ensure safety across the system
- An established track record of compliance with the Deprivation of Liberty Safeguards Framework

Areas for Development and Direction of Travel

- Review the first point of contact for any safeguarding concerns to reduce hand-offs and streamline our processes
- Implement and monitor the process for Community DoL to increase our performance in this area
- We need to ensure that we hear from people about their experience/journey and involving people to ensure we are working co-productively

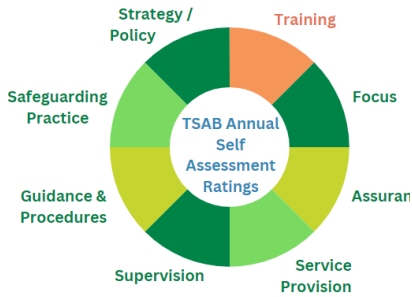
Our Strengths

Safeguarding

We are one of four local authority members of the Teeswide Safeguarding Adults Board (TSAB). The Board has an independent chair and promotes a multi-agency and multi-system approach: alongside the six statutory members are 23 non-statutory partners. TSAB ensures each council's active involvement in wider, cross-boundary work through key partnership arrangements. These include involvement in audits, learning events and learning from and responding to findings from Safeguarding Adults Reviews.



A multi-agency audit programme is agreed throughout the year, based on learning through the TSAB. Last year's themes included S117 aftercare (following the K SAR), The Team Around the Individual, and incidents between residents in care settings. Professional challenge and professional curiosity are also reviewed in the audits, as these have been identified as a common theme within SARs. Collaborative, multi-agency themed discussions take place in the TSAB Operational Leads Steering Group meetings. This is an opportunity to share learning and good practice.



A key assurance process for the TSAB is a Quality Assurance Framework which considers Safeguarding as a whole and seeks assurance against several standards. We complete a self-assessment tool through TSAB, annually, which is ratified by the Board. We were rated green in 7 out of 8 areas in 2022/2023 and

Amber in 1 area (this related to the availability of training compliance data).

TSAB has robust performance reporting, data collection and review systems, resulting in a clear understanding of the key issues in our area. This is supported by Power BI system which was introduced recently and is monitored through the TSAB Operational Leads Group. Power BI has improved data analysis reporting capabilities, enabling TSAB to focus messaging and campaigns in specific areas. Five Key Performance Indicators are reported to the Board seven times a year. These are now reported out against the individual Local Authorities, as well as for Tees, resulting in increased accountability.

The [TSAB Annual report](#) sets out its key achievements and priorities for the coming year. These priorities are detailed in the [TSAB Strategic Plan, 2022-2025](#).

High Risk Adults Panel (HRAP)

Formerly the *Team Around the Individual*, HRAP (an escalation process working in collaboration with a core group of multi-agency professionals, bringing skills and knowledge to share ideas and views how best support the adult, their family and wider community from abuse and/or neglect as far as possible) was agreed and introduced through TSAB. This is supported by a Terms of Reference, agreed documentation and good practice examples.

Staff Development

There is a strong training offer for staff through TSAB. The "Me Learning" platform is commissioned in partnership with the Tees Children's Safeguarding Boards, and is available to a wide range of professionals. There is also in-person training including Legal Literacy, Trauma Training (following the Molly SAR), Making Safeguarding Personal, S42 Enquiries, Criminal and Sexual exploitation and Modern Slavery. TSAB also hosts workbooks across a number of topics for professionals without access to computers. Our Workforce Development Team are members of the TSAB Safeguarding Training Development sub-group.



For further information please contact:
Safeguarding Adults Courses: tsab.businessunit@teesdon.gov.uk
Safeguarding Children Courses: HSBCPractising@harrleesdon.gov.uk

and

Safeguarding Duties under the Care Act – Adult Safeguarding Team

We have a dedicated Adult Safeguarding Team which manages and progresses Section 42 enquiries, working directly with people to keep them safe.

The First Contact Team is the contact point for all safeguarding concerns, supporting the management of the work that is passed through to the Safeguarding Team at the initial enquiry stage.

As at Q3 2023/2024 there were many more safeguarding concerns referred into First Contact, than in 2022/23 due to changes in how concerns were recorded (these were only being recorded once they were progressed to the Adult Safeguarding Team). From this year, we have been capturing all safeguarding concerns at First Contact are now captured and recorded activity now accurately reflects the significant work that the First Contact Team does to manage the workload, and the importance that is attached to the messaging through the TSAB and SBC ASC that Safeguarding is Everyone's Business.



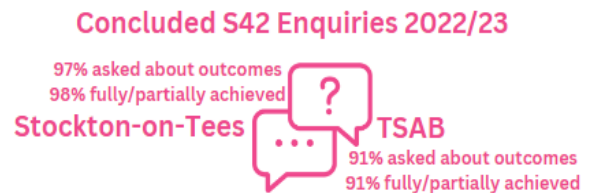
An Adult Safeguarding Lead post was introduced in 2021 to lead on safeguarding at a strategic level across the Council and to maximise resource in the operational team. The Adult Safeguarding Lead represents the Council at TSAB and is a member of a number of its sub-groups. Within the SAR sub-group, the Adult Safeguarding Lead was the independent author for the **JJ SAR** (this will be presented at July's Board for approval).

There is a robust approach to Section 42 enquiries, in line with the TSAB Inter-Agency Safeguarding Adults Procedure (including Decision Support Guidance, updated on March 2024). This sets out timescales for making a referral and undertaking an enquiry. There are no waiting lists for Section 42 enquiries.

The Adult Safeguarding Team contributes to the numerous Safeguarding forums/ meetings, such as MAPPA, MARAC, MATAC, Channel Panel (PREVENT), and Cleveland Anti-slavery Network.

Making Safeguarding Personal

Making Safeguarding Personal is central to our practice, *working with*, not *doing to people*, in partnership rather than safeguarding being process-led and staff across ASC understand the importance of this. Within the MSP principles we strive to ensure people are able to participate as much or as little as they would like, promoting a positive risk-taking approach so that the person (or their advocate) can identify and achieve their desired outcome. This aims to improve people's outcomes. We support the person to understand safeguarding information through a range of information and this is shared with them in relation to their needs.



To embed MSP into practice, there is an expectation of staff to record within case notes how safeguarding has been centred around the person, and this is picked up in supervision and audit. On conclusion of a Section 42 enquiry, the Adult Safeguarding Team sends a survey to the person. Currently there is an average return rate of 10%, which, although low, has provided some powerful feedback on the impact that Safeguarding involvement has had on the person. Additionally, TSAB completes an audit of each Local Authority encompassing the six safeguarding principles underpinning MSP, and four principles underpinning co-production.

The Adult Safeguarding is being nominated for the SBC ASC Team of the year for the Social Work Awards 2024 in recognition of its focus on MSP, partnership working and the positive outcomes for the people the team has worked with.

Safeguarding Performance Measures

Data submitted for the 2023/2024 SAC return shows there were 3021 Safeguarding Concerns into SBC First Contact Team, 518 of which progressed to a Section 42 enquiry. This is a notable increase already in the number of safeguarding concerns compared to 2022/2023 (1692 concerns) because of changes to the way concerns are now being recorded. These were previously recorded by the Adult Safeguarding Team at the initial enquiry stage, but are now captured by First Contact.

The largest proportion of concerns this year relate to neglect and acts of omission, domestic abuse, and financial abuse, noticeable increase in organisational abuse (RASC process). Most abuse continues to happen in the person's own home, followed by care homes, in line with the national picture.



Conversion rate S42 Enq = 23.5%
Cases of repeat S42 Enq = 26%
Slightly below target set by TSAB of 25%
end of Q3 2023/24

Safety in the System

Alongside the day-to-day activity in the Safeguarding Team, the Adult Safeguarding Team Manager and Safeguarding Lead work to raise the profile of Adult Safeguarding, promoting Safeguarding awareness within ASC, across the organisation and partnerships, including through attendance at team meetings, provider forums, involvement in SBC planned activities throughout the year, and focused activities during National Safeguarding Week.

Staff are aware of our local services, which can and should be accessed when an adult is at risk, such as Safe Place Scheme, or Ask for ANI (Action Needed Immediately).

Our Safeguarding Team also contribute to multi-agency working to address emerging issues, working in partnership to keep the people of Stockton-on-Tees safe. The team has strong, established and positive working relationships with statutory services, care providers and our wider partners to ensure that people's needs are addressed holistically. Working with, and across the wider system, in partnership is also evidenced through:

- A daily huddle meeting with the Safeguarding Team Manager, Police and other agencies to share information about safeguarding concerns for adults in Stockton-on-Tees.
- A daily Stockton "PitStop" multi-agency meeting with Children's Services, Police and the voluntary sector. The agenda is sent each morning outlining concerns for individuals, relationships and professional involvements. The Public Protection Notice (PPN) is shared with the Adult Safeguarding Lead where ASC Safeguarding involvement is confirmed. Cases are cross-referenced against the LAS system and the Safeguarding Lead/Team Manager provides an update at the meeting. The PPN is shared with the allocated worker.
- Monthly Tees-wide Multi-Disciplinary "Dip-Sampling" Panel meeting with the Police for MARAC referrals that had been rejected by the Police. This is attended by the Adult Safeguarding Lead. Cases are reviewed at the Panel for agreement on the initial decision, whether additional work is required, or whether the MARAC decision should be overturned. In April 2024, 2 initial decisions were overturned by the Panel and were progressed to MARAC.
- Multi-agency 6-weekly meetings with CQC, Safeguarding, Quality Assurance and Compliance Contract Officers, and NHS colleagues. These meetings are an opportunity for partners to share information about any issues or concerns and were introduced as a way of triangulating information across our systems.

“Stockton Safeguarding team is extremely well led and managed which provides my team with a clear understanding of the structure and processes. The current triage and allocation system has greatly improved how concerns raised are processed and allocated. The team provide prompt responses to any concern raised, which provide a clear rationale for any actions taken. This enables our clinical teams to understand why actions have been taken, and what additional actions are required by themselves. This in turn enables timely intervention and support, to prevent further harm or potential harm. The position of a suitably skilled social worker to lead on care home concerns is an excellent innovation. This provides significant oversight and consistency, where any emerging themes can be rapidly identified and any learning shared as a preventative measure. There is excellent communication between our teams which is vital to underpin and support multiagency working. This provides us with confidence that we can challenge each other decisions professionally and effectively”. Feedback from Named Nurse, Adult Safeguarding, North Tees & Hartlepool NHS Foundation Trust, May 2023

Domestic Abuse



In 2022/23 Stockton-on-Tees had the highest percentage of concluded S42 enquiries attributed to Domestic Abuse, in the region. This was a reduction from 19.26% in 2021/22.

The Adult Safeguarding Team took an active role in contributing towards Stockton-on-Tees [Domestic Abuse Strategy 2022-2028](#), where agencies from across the sector came together to

set key priorities when it comes to tackling domestic abuse. This strategy goes beyond the duty of a local authority to provide a safe accommodation strategy Strategic oversight of the Domestic Abuse Strategy is provided by the Director of Public Health, who is the strategic, corporate lead for domestic abuse. The DPH chairs the multi-agency domestic abuse steering group on behalf of the Health & Wellbeing Board

The Strategy aims to ensure that:

- Everyone - children, young people and adults - at risk of, experiencing or affected by domestic abuse is listened to, supported, and protected to live their life free from abuse.
- All victims of domestic abuse have access to inclusive, quality, affordable and appropriate safe accommodation and support.
- Perpetrators of domestic abuse are held to account and supported to change their behaviour.

To deliver against these aims SBC works with system partners to provide workforce development, community awareness and programmes and services to prevent, reduce and promote recovery from domestic abuse. We commission Harbour to provide services for victim-survivors of domestic abuse (adults & children) including safe accommodation; and to provide a perpetrator service (26 week programme promoting behaviour change). We also:

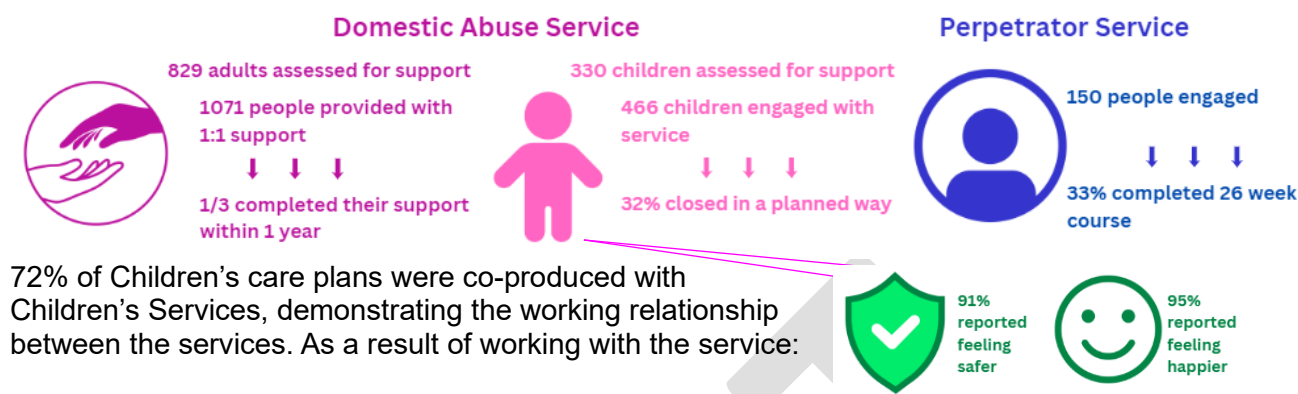
- work closely with the Office of the Police & Crime Commissioner and are now developing a Tees Strategy to prevent, reduce & tackle perpetration of domestic abuse
- have a Single Point of Contact within our homelessness team for anyone presenting homeless with experience of DA
- are mobilising a service with Recovery Connections (peer advocacy) which will work with people experiencing multiple disadvantage (including DA)
- are working with system partners to deliver Stockton’s domestic abuse strategy
- are developing a lived experience charter for people who have experience of DA
- are reviewing our Safe at Home (sanctuary) service to identify improvements to the service.

Improved practice examples, resulting from implementing the strategy, include:

- Introducing a flagging system whereby the police inform the homelessness team if a perpetrator becomes homeless as a result of a domestic abuse protection order. This prevents them from being accommodated with vulnerable people.
- Consensus on awareness raising (e.g. what is domestic abuse?) and the development of a community awareness raising plan with partners including licensing, Thirteen and CAB.

- Strengthened work with primary care through the introduction of a GP Link Worker.
- Workforce development plan to improve consistency of messages and approaches by frontline staff with victims and with perpetrators.

In 2023/24:



"Since the role of Hospital IDVA was introduced, I have had the pleasure of working with your team on a regular basis, often around really complex patients that are difficult to engage and are high risk of domestic abuse and misadventure.

Numerous times, your team have made themselves available for last minute joint visits, which has had positive outcomes for the client/patient. Over the past 2 years I feel I have been able to build a strong, professional relationship built on trust, shared goals, and regular communication. The team are always professional, adaptable, and open to suggestions when responding to domestic abuse victims/survivors and safety planning".
Feedback from Hospital IDVA, University Hospital North Tees May 2024

Safe Systems and Pathways

Professionals are skilled and confident in completing Mental Capacity Act (MCA) assessments and Best Interests Decisions, with a clear focus on protecting people's human rights, promoting their independence, and working to their strengths. Updates to our assessment and support-planning documentation will support our commitment to this being evidenced in our practice.

There is a sound understanding of the MCA and DoLS across the operational teams and at Senior Management Level. This has been supported by the commitment to investing in staffs' professional development and progression framework. Successful completion of the BIA qualification is required within the adults' progression criteria. There are also four qualified BIAs in the Children's teams.

BIAs within the adult teams regularly complete DoLS assessments, and staff from Deputy Manager to Assistant Director level are DoLS Signatories (with the majority of Signatories also being qualified BIAs).

There is also specialist knowledge of the Mental Health Act across the teams. Qualified AMHPS are based in the Safeguarding, Assessment & Support Planning, Adult Learning Disabilities, Adult Mental Health Team as well as the Emergency Duty Team.

Transitions

In the context of exploitation and Looked After Children who become care leavers at the age of 18, there have been recent developments through TSAB to work with Children's Services to support smooth transition for those young people with no eligible adult social care needs. Work is underway to create a Young Person's monthly Exploitation Panel which will discuss cases and review whether the threshold is met for Adult Safeguarding. This is expected to be implemented by Summer 2024/25.

A Transitional Operational Group supports the commissioning arrangements to ensure that there are appropriate arrangements in place for Young People aged 14-18 for successful transition. This is working well for the young people known to the Complex Needs Team but work is needed to ensure that this is the case across all of the Children's operational teams. We are currently developing performance reporting in this area.

The Powering our Futures Transformation Programme Transitions project is addressing the challenges identified in supporting children with disabilities and those with SEND as they become adults. This project is sponsored by the Assistant Director for Adult Social Care. Also, under the PoF Programme, a separate SEND project is focused on our offer for young people with low-level needs and provision of opportunities for community engagement and routes into employment.

Our ASC CHC Lead works in partnership with the ICB to support the process where people are, or may be eligible for CHC funding, and to make this as seamless as possible for people. This role also supports the wider Social Care Teams, ensuring that there are the appropriate skills in the workforce in identifying eligible health needs. There is a draft disputes resolution policy in use.

The partnership arrangements in place with the ICB for joint-funded packages of care support continuity of care, limiting the potential for disputed care packages. For people in receipt of Section 117 aftercare, an arrangement is in place to jointly-fund care packages. ASC and the ICB attend weekly placement panels to ensure the proposed placements/packages are appropriate to meet the person's health and social care needs.

A Transfer of Care Document, to support continuity of care for people who become fully CHC-funded, is being co-produced with the ICB. This document will move with the person and convey key information including information the person's care, key involvements and any legal frameworks around them. This is expected to be finalised in 2024.

Provider Assurance

There are established systems in place for monitoring of provider services with the Provider Assessment and Market Management Solution (PAMMS) being overseen by the Quality Assurance and Compliance Team, linking closely with the operational teams. PAMMS assessments are completed for commissioned services annually. Processes are in place to safeguard residents in the event of provider failure. The Responding to and Addressing Serious Concerns (RASC) policy sets out the framework for dealing with serious concerns through a multi-agency approach, with a focus on those at risk of, or experiencing abuse or neglect. There are 3 care homes currently within RASC.



"I am very satisfied with the way safeguarding team worked with our two services when we were in RASC. Your team shared all the details and explained the process clearly and assisted in implementing action plans. The regular review meetings and visits by safeguarding officer and compliance team were extremely helpful. This process ensured my team members were fully supported and reassured. I will classify this as a perfect example of working in partnership.

I am very thankful to all of you providing support in this process. S [Social Worker] training/discussion session in relation to MCA was widely appreciated by all our managers including myself. That session helped us to understand the MCA, it's principles and how to implement it into day-to-day care delivery. The fact that S is always available to clarify doubts is reassuring". **Feedback from Operations Director, Gradestone Limited, May 2023**

Our Areas for Development

We are reviewing our pathways and processes for receiving Safeguarding concerns into ASC within the Powering our Futures Transformation programme. Currently referrals are received by First Contact, triaged and then passed to the Adult Safeguarding Team for initial enquiry. This has impacted on capacity within First Contact, placing pressure on the system with increased waiting times and too many handoffs between our front door services. An options appraisal will be developed with the aim of streamlining our system to include consideration of Adult Safeguarding being the single point of contact, reducing hand-offs between teams and delivering more positive outcomes for people. The programme aims to deliver a “roadmap” for the front door to Adult Social Care by August 2024, with an implementation date to be confirmed.

Community DoL

While we have a long-standing strong performance record for DoLS, we recognise that we have progress to make to ensure that applications to the Court of Protection are made for people who are deprived of their liberty in the community. In 2023/2024 we made 10 applications to the CoP for authorisation of DoL, and 10 authorisations were agreed in that period. While a process and guidance for progressing Community DoL cases had been agreed, this has not been implemented effectively to date with applications to the CoP remaining low for new cases and re-applications.

To address this, and to raise awareness of and confidence in applying the framework to community DoL, two Community DoL training sessions for staff have been delivered by Legal Services and Workforce Development recently (in November 2023 and January 2024). It has been agreed that further training will be delivered throughout 2024 for staff. The sessions cover our statutory duty for Deprivation of Liberty, and support for staff to complete the process.

An action plan will be developed and implemented during 2024/25 to progress identified cases and this will be monitored through 1:1 supervisions, management meetings and the performance clinic meetings. Guidance will also be reviewed as necessary to ensure that there are clear process and expectations in place to record cases and ensure that this information is kept up-to-date.

The person's voice

There are some good feedback mechanisms in place across ASC, but we recognise we could be better at supporting people to tell us about their experience and journey across services, for example people who have been through the DoLS process. There are opportunities to consider feedback mechanisms in a co-productive way, and to involve advocacy in supporting people to have their voices heard about their experience.

This is work that may be considered in the Making it Real Board.

Theme 4: Leadership

Key Data



Our Strengths

- Strong, stable leadership across the Council, with robust financial management and resilience.
- The breadth of our Directorate ensures a well-being focus, with established and effective partnerships across the wider health and social care system.
- Our commitment to learning, improvement and innovation
- We have been recognised as a Supportive Employer

Areas for Improvement and Direction of Travel

- Continue to develop the Performance Management Frameworks and performance reporting tools to ensure informed decision making
- Increase the use of digital technology
- Embedding Making it Real with a clear framework for co-production, ensuring a commitment across all services
- Capacity in the workforce to deliver assessment and support planning in expected timescales.

Our Strengths

Budget Management and oversight

We have strong corporate financial management, with a balanced budget for 2024/2025 and a savings target of £1.893m for the Council, primarily through the PoF programme. We have robust systems in place for budget oversight. Budget holders have a link Finance Officer and receive monthly “budget pack” updates, and Adults Health & Wellbeing Senior Management Team (SMT) receive a monthly finance update.

The Adults Health and Wellbeing Directorate has a strong management team and due to the breadth of the Directorate, there is a strong focus on community wellbeing. The DASS has overall responsibility for Adult Social Care, Housing, Community Safety and Public Health. For Adult Social Care, the DASS is supported by the AD for Adult Social Care/Principal Social Worker, and the AD for Strategy and Transformation. The DASS is also supported by the AD of Procurement and Governance (sitting in the Corporate Services Directorate, with responsibility for the procurement and performance management of all commissioned Adult Social Care services).

The SMT meets weekly to ensure that work across the Directorate areas is integrated. A monthly Operational Managers’ Meeting ([OMM](#)) brings managers from all frontline services together to share updates, learning and good practice.

The DASS is a member of the Corporate Management Team (CMT). CMT receives regular reports on areas of risk and good practice. Papers are discussed in the weekly Adults Health & wellbeing Senior Management Team (SMT) meetings before submission to CMT.

The multi-agency Health and Wellbeing Partnership includes membership from statutory, non-statutory and VCSE organisations. This is a forum where key issues regarding health and well-being are discussed to identify opportunities for further partnership working.

Supporting and Valuing our Staff

There is visible Leadership across the Council at all levels. The Chief Executive visits frontline services and provides routine updates and an opportunity to hear and respond to staff questions through “Meet Mike Live” sessions. The DASS is visible and approachable for all levels of staff in Adults, Health and Wellbeing and since coming into post in Summer 2023, has formed a monthly [Leadership Forum](#) for Managers across the Directorate to raise awareness the work happening across the Directorate, and the opportunities for partnership working.



A “Making it Professional” Group has also been established which brings together officers of all levels and from across the Directorate to work directly with the DASS in the shaping the plans for Adults, Health & Wellbeing. The DASS also spends time with frontline staff and invites staff to shadow her.

The Principal Social Worker operates an “open door policy” and is committed to remaining visible and approachable to staff. This involves regular visits to teams and attending visits with frontline staff. This has been very popular with staff and a regular programme of further visits is being planned. The annual PSW plan and priorities have been developed through conversations with staff.

National and Regional Involvement and Leadership Roles

- The DASS is the national Lead for workforce within ADASS and also chairs the North East ADASS group for Lived Experience.

- The PSW is an active member of the Regional PSW network, and ADASS Heads of Service and Safeguarding meetings
- The Quality Assurance and Workforce Development Manager represents SBC at the regional ADASS Recruitment & Retention & Workforce Development Leads Group and presented at Social Work England's online event during Social Work 2023 on [SBC's approach to CPD](#)
- The Manager of Lanark Short Breaks is an active member of the LeDER network
- The Council is an active member of the NEADASS Regional Market Shaping and Commissioning Network that supports market sustainability and development across the North East Region.
- Managers are also active members of regional networks across a number of areas including AMHP and DoLS.

System Leadership – Place Level

- The Stockton Place Board is chaired by the Chief Executive
- The *Coalition of the Willing* meeting brings together the DASS and other senior managers from our partner agencies, with the aim of promoting integration.
- The Health & Wellbeing Board is chaired by the Leader of the Council

Inclusion and Diversity

The Council support inclusion and diversity for Staff through the following: Disability, Race Equality, LGBTQ, Young Staff, Carers, Domestic Abuse, Health, Sports and Leisure and Social networks.

Commitment to Staff Development and Wellbeing and celebrating success

We have a strong record in supporting and investing in Continuing Professional Development across the workforce and at all levels. This was recognised when we were awarded the Supportive Social Work Employer Award in 2023. We also came 6th nationally for the Social Work Health Check for promoting the standards of Social Work in 2023 and our colleagues have celebrated a number of successes in previous years.

In 2021 we hosted Lynn Romeo, Chief Social Worker, who acknowledged the positive work being done in Stockton ASC. Her [message to us is here](#).

We recognise the shared opportunities for staff development and include colleagues from across our Directorate and from Children's Services in events and training. We celebrate annual events and deliver sessions and events including:

- Staff Wellbeing Week (sessions have included menopause awareness and men's health)
- Professional care workers week
- Social Work Week
- Learning Disabilities Week

Since 2021 we have held a Festival of Learning as an opportunity to bring staff together for a series of events and sessions to learn from each other and to celebrate the work that we do. This [year's theme](#) was Co-Production, with a co-produced session delivered by Making it Real Board members.

We are committed to staff development throughout all areas including peer reflection sessions, ASYE and Practice Education Forums, BIA and AMHP Forums, and Peer Support sessions across services.

We have a Dementia Friends Ambassador among our staff and across ASC we have committed to Dementia Friends training, with more than 300 staff having completed this in 2023/2024. We held a Dementia Friends Awards ceremony in May 2024 to recognise the achievements of our staff, and show the importance that we attach to increased dementia awareness.



The Dementia friends session was so insightful and very interesting; it briefly touched upon potential reasons behind some behaviours. It shared analogies such as the "book case" which really put things into perspective to be mindful of when caring for people with Dementia. It was brilliant and the trainer was very knowledgeable. Overall, a very engaging session" feedback from staff member attending the Dementia Friends Session, November 2023

Learning, Improvement, and Innovation

We are actively involved in development and research with our universities, including programme-management monitoring developmental work with Northumbria University, a research programme into the Social Work Apprenticeship programme at Sunderland University, and research with Cumbria University into Social Worker supervision.

We also:

- Support Student Nurses, Occupational Therapy and Social Work students.
- Deliver training at colleges.
- Deliver training at Prisons about the rights of prisoners, eligibility, and delivery of duties under Care Act.

We understand and value the important role of our VCSE partners, and the importance of continuing to embrace and strengthen partnership working in new ways. We have successfully partnered with VCSE partner organisations including the Moses Project, Eastern Ravens and the Thumhara Centre for Social Work apprentice placement opportunities.

Representatives from Stockton Council are always actively involved with the programme management, monitoring and developmental work undertaken at Northumbria University. Workforce development staff pro-actively seek to understand how they can provide better support to any of their staff who do not meet academic requirements at their first attempt. All staff that I deal with are receptive to learning, improving, and continually developing processes and practice

**Feedback from Northumbria University, Partner
Feedback Survey May 2024**

Our peripatetic team of two Social Workers and a Social Care Officer supports resilience and addressed workforce pressures across Adult Social Care. This team also supports learning and evaluation across the operational teams through identifying what is working well and not so well, good practice and workforce culture, and sharing learning.

Since 2019, our Transformation Manager has been a champion for care homes participating in health and social care research, working closely with National Institute for Health and Research (NIHR) and our local Applied Research Collaborative (ARC) in engaging with research opportunities.

- 61% of our care homes are registered as 'research ready' through the Enabling Research in Care Homes (ENRiCH) portal, and work is ongoing to engage Care at Home providers to start engaging with research opportunities (to date, 8 of our providers have attended online discussions with the Transformation Manager and Lead Community Research Nurse). See an overview of [involvement in research](#)
- Residents are involved in discussions, meeting and regularly critique posters, research proposals and resources from Researchers, via the Stockton Patient and Public Involvement (PPI) group
- A [Stockton care home resident](#) and [Deputy Manager have blog posts](#) on the NIHR website, encouraging other homes and residents to engage with research
- A small group of care home residents, staff, Stockton's Transformation Manager, researchers and PPI leads put together a '[Top 10 Tips](#)' PDF to encourage more of the sector to be involved in research. See an [overview of PPI involvement](#)

We have developed a networking group, with focus on good practice and development, specifically for anyone involved in activities with those accessing care and support. Working with our partners we delivered a successful [Stockton Legends](#) event.

Through our [Well-Led Programme](#) we work with care homes to support care home managers, senior leaders and aspiring leaders to explore and develop their leadership styles with the aim of improving and sustaining good quality care in care homes across Stockton-on-Tees.

This all links into the Colleagues mission within Powering our Future aims to empower our colleagues to do the best they can for communities. This is sponsored by the AD for Adult Social Care, and includes the following areas (among others):

- Attract and Retain
- Happy and Healthy Workforce
- Workforce Planning
- Workforce Development



In planning for a sustainable workforce and succession planning, the Quality Assurance and Workforce Development Manager is completing work in line with the Government guidance to ensure that our recruitment in ASC is aligned to the knowledge, skills and behaviours linked to Skills for Care and Think Local Act Personal. Scoping work is underway with operational managers to map frontline staffing structures and training.

Working in Innovative Ways

The Occupational Therapy Team introduced a new way of working with people using evidence-based approaches to complete analytical, functional assessments for proportionate care and support. This has led to improved outcomes for people, with reduced packages of care and increased independence. It has also increased capacity and resilience in the OT team.

When Mr X came to PPL, he required 4 doubles up calls a day, with the use of a rotostand/sara steady, the OT team worked alongside this gentleman and was very responsive to the concerns of the staff. This gentleman has now gone from requiring two carers and 4 calls with manual handling transfer equipment, to 2 calls which are a 30-minute morning call and a 15minute bed call with one staff member and no transfer equipment. This gentleman on discharge from hospital was told that he would probably never walk again and 18months on is walking independently with a Zimmer frame.

Feedback from Care at Home Provider, 2024

Learning from when things go wrong

The number of complaints received is outweighed by the number of compliments. The majority of complaints are concluded at early resolution without progressing to a formal complaint. Six formal complaints were received across Adults Health and Wellbeing in 2023/2024, three of which were for ASC. We always learn from complaints.

Adults Mental Health

A discharge plan for Mr H to be discharged from hospital to a residential care home, was discussed and agreed at a case review. The family were informed that due to complexity SBC would be responsible for the short stay placement. The SW meant that the placement was to be monitored by SBC and that Mr H would be subject to a financial assessment, and charges following the assessment, but the family thought she meant SBC would be funding the short stay placement. It was acknowledged that this was misleading and the care fees for this time have been removed from the CFS invoice.

Our areas for Development

Performance Management

We have introduced performance a [Performance Framework](#) to ensure more robust oversight and to drive continuous improvement across our services. This builds in formal governance through performance clinics at operational level (with focused, discrete performance clinics for the operational teams and our direct services to) where issues can be raised and discussed, with performance information and any issues escalated to the Strategic Performance Group before being reported to the DASS and Chief Executive. Significant work has been undertaken to ensure robust reporting at the strategic level.

We acknowledge that while progress has been made with the operational and direct service teams' performance dashboard, these are still developing and work is ongoing to ensure that these meet needs across the teams and services, and to include the relevant data. It is intended that audits will also feed into the Performance Dashboards to support embedding audit culture into our work, with the focus on evidencing impact of services and feeding into a culture continuous improvement, rather than the act of audit in isolation.

Use of Digital Technology

The Council recognises the opportunity offered by technology to enable effective social care and support the challenges faced by the sector. Whilst we are actively working to introduce new technology in 2024/25 (for example Digital Social Care Records, acoustic falls sensors, activity monitoring software, virtual house) we see the potential to achieve more. We will continue to work alongside the NEADASS digital group and our own digital lead in the Council to maximise the opportunities offered.

Embedding Making it Real in Stockton

We know that there are good examples of co-production across ASC but that we have a long way to go to embed this in practice across all areas and that this will take time. We are ambitious and committed to Making it Real in Stockton and working in true partnership. We recognise that we need to set out what co-production looks like for Stockton at an individual, team, service and organisational level. Through The Making it Real Board we will develop a framework for co-production, aligning with the Adult Social Care Quality Assurance Framework.

A key priority in the shorter term is to agree a reward policy to show the value that we attach to people giving their time and expertise to Making it Real in Stockton-on-Tees.

Addressing Workforce Pressures

The Council has introduced new team capacity/performance dashboards and performance meetings to provide the evidence and forum to better manage capacity and workflow across all adult social care operational teams. There have been four performance meetings for Adult Social Care to date (as at 12th June) and these have begun to support the improved management and understanding of capacity and flow of work from ISPA / First Contact through to the long-term and specialist social care teams.

This process will continue throughout 2024/25 and will be monitored as part of the quarterly business planning process and regular reports to the Strategic Performance Group.

Feedback from People

"I received once a day care – to help with washing and dressing and morning, with chair help and support. After the first week they were able to just be present in case I needed help or assistance. All the care and support workers were so professional, helpful and friendly. The service is invaluable in helping people regain their independence and providing additional information about aids, adaptations and benefits available.

The service was efficiently run and I had regular calls / input from [named colleague] so that at the end of three weeks I was fully independent and confident, I no longer needed their help. [Named colleague] and her care and support colleagues [named] deserve a big thank you and are a credit to the service."

Feedback from a person receiving support from the Reablement Service, April 2024

The OT has always been professional, polite and friendly. She understood my needs and more importantly listens to my views. After leaving hospital having broken my leg I was sent home. The OT ensured that I had a hoist and slings necessary to remain home. Following further conversations with the OT and a visit by the company operative three weeks later a ceiling track hoist was installed. Everything was explained to me"

"Everything was arranged for me efficiently and in a short space of time. As usual, a quality service was provided and I would like to thank the OT for their continuing support over the years"

Feedback from a person drawing on OT services [date]

"Hello [named colleague]

Just an update on today's visit. It did go very well. It was everything you said it would be. Mam and I were a bit overwhelmed by everything that was on offer, the staff, the space and the support. She would very much like to have visits included in her care plan. It would do her the absolute world of good and I think will help lift her depression and help massively with her mental health.

[Name] the taxi driver turned up on time. Really nice chap. He had Mam laughing and made the journey an easy one (no tears on the journey).

[Name] can I say a massive thanks to you, to [name] who showed us around and your staff. When I say a massive thanks – I do mean – a MASSIVE thank you!!

[Name] was lovely and put my Mam at ease, every staff member we met was so genuinely welcoming – we were really touched. The place was absolutely spotless and just perfect. Thank you again.

Feedback from the Carer of a Person attending the Halcyon Centre [date]

"Hello Lovely Ladies

I would like to thank you all for the love and care you gave to [named person] and myself while he was with you. I felt it every day when I walked through your doors and it meant so much to me, because I knew he was in safe hands and that I could then just breathe for those few hours I had to myself and I thank you so much for that.

I was really sad when it came to an end, but I did know it wouldn't have been long, especially for [named person] because for all he couldn't express himself fully he was always happy to see you all and his face lit up and I know you caught his sense of humour too.

Take care everyone and love to you all and thank you. You do an amazing job"

Thank You Letter received by Rosedale Centre, January 2024

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HEALTH & WELLBEING BOARD

A meeting of Health & Wellbeing Board was held on Wednesday 31 January 2024.

Present: Cllr Robert Cook (Chair), Cllr Lisa Evans (Vice-Chair), Cllr Diane Clarke OBE, Cllr Dan Fagan, Cllr Kevin Faulks, Cllr Mrs Ann McCoy, Cllr Steve Nelson, Cllr David Reynard, Cllr Stephen Richardson, Jon Carling, David Gallagher and Peter Smith.

Officers: .

Also in attendance:

Apologies: Cllr Sylvia Walmsley, Elaine Redding, Sarah Bowman-Abouna and Fiona Adamson.

HWB/55/23 Evacuation Procedure

The evacuation procedure was noted.

HWB/56/23 Declarations of interest

There were no declarations of interest.

HWB/57/23 Minutes

To approve the minutes of the last meeting held on 29th November 2023.

RESOLVED that the minutes be confirmed as a correct record and signed by the Chair.

HWB/58/23 Health Protection Winter Planning Update

Members were presented with a Health Protection Winter Planning Update presentation. The update covered acute respiratory illness, Covid-19 and flue, vaccinations, other communicable diseases, outbreaks, completed actions and next steps.

Acute respiratory illnesses were shown to have decreased inline with the baseline figures for the Northeast since moving into January 2024. Covid-19 positive results were shown to be 7.86% in the Northeast, which was a decrease from the previous weeks 10.14%. Officers highlighted in the presentation that hospital admissions had increased but were lower than the same time the previous year, also noted was the number of deaths in England which had risen but were still relatively low.

Officers highlighted to members that over 38,500 Covid vaccines had been administered as part of the Autumn booster programme. With the average uptake across the Borough being 48.9% for those eligible. Care Homes had a higher level of uptake at 77.3%.

Also highlighted to Members was the uptake in Flu vaccines administered, which were 47.1% for those eligible. Flu in Stockton -On -Tees was shown as having increased from 5.52% the previous week to 8.21%.

Members AGREED to note the report.

HWB/59/23 Joint Strategic Needs Assessment Update

Members were given an update from Officers on the Joint Strategic Needs Assessment (JSNA). Officers gave a brief overview of the purpose of the JSNA, it provides an overview of current and future health and well-being needs of a local population.

The key areas and topics that the JSNA focus on needed to be updated and how they are approached to be revised following Covid. Offices and Members acknowledged that by focusing on few topics a more focused approach can be achieved, while a continued focus on inequality and on themes/pathways/communities where appropriate.

In the report proposed processes were presented to members, the first step would be to re-establish the joint strategic intelligence group with revised membership. This group would coordinate across partners on behalf of the board. The group would be required to maintain oversight of process & links across topics/ themes, identify Strategic/ service leads to input to relevant themes/ topics and steer and oversee existing work among other duties outlined in the report.

Officers informed members of the next steps to be taken outside of the meeting, the first step would be for the intelligence work group to be convened and provide a list of the top ten topics/ themes for work.

The presentation prompted discussion by members some of the key points being:

Members were pleased with the top ten outlook on themes/ topics as it had been identified previously that too broad of a focus can be detrimental to making progress. There was also praise for the data driven analysis put forward in the report. It was also suggested that Public Health would take a leading role in the working group due to their close working relationship with NHS partners.

Members AGREED to note the report.

HWB/60/23 Joint Health and Wellbeing Strategy - Strategic Approach

The Health and Wellbeing System had developed since the production of the last Joint Health and Wellbeing Strategy which was due to be refreshed. Officers explained that the refresh process would be achieved through work with Board partners.

The recommendations set out in the report were:

- Note the background work undertaken to date.
- Consider and approve the proposed approach and actively support the proposed Board strategy development sessions.

- Support establishing a small task-and-finish group as required, to progress the work on behalf of the Board, including ensuring appropriate staff capacity is identified to sit on this group.
- Receive further updates on progress.

Officers gave an update to members which outlined the context of the review and how it had evolved since the last Strategy had been produced. And how it would work well with the broader national work such as Build Back Fairer: The Covid-19 Marmot Review.

Work had been already undertaken some of which was, The Tees Valley Integrated Care Partnership had produced a Tees Valley ICP plan which set out some of the key work areas across the Tees Valley footprint.

Another piece of work which had been undertaken by the SBC Public Health to review key population data to help draw out and highlight key health and wellbeing issues for the borough.

A resident's survey had also been undertaken through out the borough, other significant pieces of engagement work had been undertaken with the community which would be drawn on to support and inform the development of the strategy.

Officers went on to highlight the proposed process of the strategy refresh, which would be two workshops for the Health & Wellbeing Board which would:

- Review the current Strategy including discussion on how far it has driven joint action and strategic direction across the system and enabled effective delivery against strategic outcomes.
- Discuss and agree how the system and the Board should work together to achieve strategic outcomes set out in the new Strategy as it is developed, including the fit of the Strategy in the wider local system (e.g. in relation to the ICP place plan and the new Local Partnership Board)
- Review the key population data (in the context of national policy) to enable the Board to take a view on key strategic priorities and scope for the new Strategy.

Update reports would be brought to the Health & Wellbeing Board periodically as the Strategy development progressed.

Members AGREED the recommendations.

HWB/61/23 Care and Health Zone

Members of the Board were given an presentation on the Care and Health Zone Project. The vision for the development of the existing business park and surrounding area was put forward. Officers highlighted several points to members during the presentation, they were as follows:

- To breathe considerable new life into Teesdale Business Park and ensure all 50 hectares are fully utilised. We will create the buzz and dynamic environment that Teesdale has always promised but has, as yet not fully delivered.
- To bring forward the holistic regeneration of the 60 hectares Tees Marshalling Yards site for both employment and housing and other ancillary uses.

- To grow all aspects of the health, public-health and social care sector, and their supply chains, on Teesdale Business Park and the Marshalling Yards and make us a recognised UK cluster.
- To link the new Care and Health Innovation Zone with Stockton Town Centre, to unlock the potential of the scheme and boost connectivity through transport and active travel links.

The rationale of the development was also discussed with the key points being, the creation of jobs and further prosperity in the borough, build better resourced/equipped health and social care sector and meet housing needs and help address the housing crisis.

Following the presentation members discussed with Officers the if an estimated timeframe for the work had been agreed. Officers emphasised that the project was a long-term vision for the area and members would be given regular updates as milestones and timeframes were agreed.

Members AGREED to note the report.

HWB/62/23 Right Care, Right Person

Officers presented the Right Care, Right Person update to members. This was a report originally given by the Police to other organisations. Officers brought it to the Health & Wellbeing meeting as it would be useful to inform members about the scheme.

The report sets out that the Right Care, Right Person project (RCRP) was a national project which would be delivered by Cleveland Police working with local partners. Also covered in the presentation was the governance of the project from the Executive Management Board chaired by the Police to tactical delivery meetings which would be held with local partners.

How and when data would be reviewed to judge the impact of the project was also covered in the report, which Members expressed an interest in the data and if it would show what the impact on Police time the project would have.

Members discussed that in the past Police had been required to attend instances involving mental health issue, which with the new proposal instances like this would be handled with other partner organisations more effectively. While still acknowledging that some instances would require a Police presence. Members were also keen to know if the project would allow more robust communication channels between the various partners, Health services and Police. Which Officers were able to assure them that a line of communication was in the framework of the project, and they would be able to bring further updates to future meetings.

Members AGREED to note the update.

HWB/63/23 Members Updates

The Health Watch informed members that they would be holding an annual event on 21st February 2024, with any board members being welcome to attend.

There were no further members updates.

HWB/64/23 Forward Plan

The forward plan was noted.

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HEALTH & WELLBEING BOARD

A meeting of Health & Wellbeing Board was held on Wednesday 27 March 2024.

Present: Cllr Robert Cook (Chair), Cllr Lisa Evans (Vice-Chair), Cllr John Coulson, Cllr Dan Fagan, Cllr Steve Nelson, Cllr Stephen Richardson, Sarah Bowman-Abouna, Fiona Adamson, Jon Carling, Peter Smith and Elspeth Devanny (TWEV).

Officers: Yvonne Cheung (AHWB), John Devine (DS).

Also in attendance:

Apologies: Cllr Diane Clarke OBE, Cllr Mrs Ann McCoy, Cllr David Reynard, Cllr Marcus Vickers, Cllr Sylvia Walmsley, Carolyn Nice, Elaine Redding, David Gallagher and Dominic Gardner.

HWB/65/23 Evacuation Procedure

The Evacuation Procedure was noted.

HWB/66/23 Declarations of interest

There were no Declarations of Interest.

HWB/67/23 Minutes

RESOLVED that the minutes of the meeting held on 31 January 2024 be confirmed as a correct record and signed by the Chair.

HWB/68/23 Better Care Fund Update

The Board received an update relating to The Better Care Fund (BCF).

The update included: -

That the BCF had met all the national conditions set in place for quarter 3, some of which were to enable people to stay well, safe, and independent at home for longer. To provide the right care in the right place at the right time.

Some issues had been encountered around implementation due to staffing levels, but the issue had been resolved as of the meeting.

A section of the report highlighted that the target for the proportion of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. Members enquired about the reason for the target being missed, which Officers explained was in part due to the previous year's success. The report showed that of the 208 clients discharged 182 (87.5%) remained at home after the 91 days, which was below the target but was still considered a positive outcome by members of the Board and Officers.

Members questioned Officers on the reasons for the missed target. Which Officers explained can be due to a number of reasons, with the age of the clients its can be common for other issues to arise in the 91 days following their discharge. Some conditions which clients are suffer from makes it difficult to prevent readmissions.

Members spoke of their own experiences of BCF programmes such as the virtual ward at home, which had been used across the Northeast and was seen as a example of good practice nationally.

RESOLVED the report be noted.

HWB/69/23 Domestic Abuse Steering Group Update

Officers gave the Board an update on the Domestic Abuse Steering Group, the presentation covered the Steering Groups strategic priorities as outlined in the Domestic Abuse Strategy 2022-28.

The following were the strategic priorities outlined in the presentation:

1. Prevent Domestic Abuse
2. Intervene Early
3. Support & Protect Victims
4. Stop Repeat Domestic Abuse
5. Hold Perpetrators to Account and Prevent Harmful Behaviours
6. Ensure Data and Intelligence are Smart and Shared

Also covered the presentation was the Bridging the Gap Report, which was a OPCC funded project which would seek to engage community groups already working with BME communities. It would help to identify the needs of BME communities. And would support communities to identify domestic abuse and promoted sources for help.

Work done to improve services & pathways for victims and perpetrators was also covered in the report. With links between Police and Homelessness team as perpetrators of abuse may present as homeless. This linked in with a Harbour worker to be placed in the Homelessness Team.

A workforce development programme had been developed by Harbour to provide basic and specialist training. This would be done through various levels of training level 1 or level 2 while Children and Domestic Abuse & Domestic Abuse and Trauma training being offered.

Two projects being delivered by Harbour for community awareness were the 'Ask me' project which would challenge myths and victim blaming. The other project would be the agreement to roll out the 'Ask for Angela' programme to libraries across the borough.

Officers highlighted the importance of work around Lived Experience, with recognition for the importance and benefit from working with those people with lived experience.

Work would also be undertaken to learn from local and national expertise such as the Making it Real Board and the Office of the Domestic Abuse Commissioner.

The report asked Members of the Board the following:

- Support to develop the outcomes framework.
- Being smart with the use of data across the system to monitor progress.
- Continue to support workforce development.
- Encourage and release of staff.
- Continue to support improvement of collaborative working.
- Ease of access to joined up support.
- Shared intelligence

Key issues highlighted and discussed:

The impact of Cleveland having some of the highest levels of domestic abuse, and that around 9% of victims withdraw from Police investigations. Officers stated that this and other subjects would be looked at in depth in the strategy workshop, alongside why victims of abuse were withdrawing from the investigations.

Members expressed their support for the work being done with those with Lived Experience and wanted to ensure that any strategy put in place was gender neutral. With no basis based on gender relating to victims, or the type of abuse such as physical, emotional, or financial.

RESOLVED the report be noted.

HWB/70/23 Pharmacy Needs Update

The Pharmacy Needs Update served to notify the Health & Wellbeing Board of the statutory review of the 2022 Pharmaceutical Needs Assessment had now commenced, and an updated PNA would be due to be published in October 2025.

The detail of the update was as follows:

Pharmacy Closures – Boots UK Ltd, 12 Wrightson House, Thornaby, TS17 9EP

Changes In Ownership – 31/1/24 The pharmacy trading as Pharmacy 365 ,161-162 High Street, Stockton-on-Tees, Cleveland, TS18 1PL changed ownership to Bestway National Chemists Ltd trading as Well.

31/1/24 The pharmacy trading as Norchem, Queens Park Surgery, Farrer Street, Stockton-on-Tees, Cleveland, TS18 2AW changed ownership to Bestway National Chemists Ltd trading as Well.

1/2/24 The pharmacy trading as Well, 70 Bishopton Lane, Stockton-on-Tees, Cleveland, TS18 2AJ changed ownership to Pyramid Pharma 7 Ltd trading as Stockton Pharmacy.

20/2/24 The pharmacy trading as Rowlands 106 Yarm Lane, Stockton on Tees, TS181YE changed ownership to Sharief Healthcare Limited trading as Allied Pharmacy Yarm Lane.

Changes to Pharmacy Opening Hours – On 25th May 2023 regulatory changes were made to allow existing 100-hour pharmacies to apply to reduce their hours to a minimum of 72 hours / week subject to certain restrictions.

There were 8, 100-hour pharmacies in Stockton on Tees. Since the change in regulations 6 of the 8 pharmacies have reduced their hours to between 72-90 hours / week. 2 of our 100 pharmacies remain open 100 hours / week.

An updated map has been produced and is included in the meeting agenda paperwork.

RESOLVED that the update be noted.

HWB/71/23 Discussion Following Health & Wellbeing Workshops

Following a recent Health & Wellbeing Workshop Officers thanked Members for their attendance and input.

Members expressed interest in being part of the proposed task and finish groups set out in the workshops. Officers would work with members going forward to form a flexible membership for the groups.

RESOLVED to note the discussion.

HWB/72/23 Forward Plan

RESOLVED to note the Forward Plan.

HEALTH & WELLBEING BOARD

A meeting of Health & Wellbeing Board was held on Wednesday 24 April 2024.

Present: Cllr Robert Cook (Chair), Cllr Lisa Evans (Vice-Chair), Cllr Pauline Beall, Cllr Diane Clarke OBE, Cllr Steve Nelson, Cllr Stephen Richardson, Cllr Marcus Vickers, Cllr Sylvia Walmsley, Fiona Adamson, Jon Carling and Dominic Gardner.

Officers: Jane Smith, Emma Champley, Tanja Braun, Sid Wong, Michael Henderson, John Devine, Abigail Neasham.

Also in attendance:

Apologies: Cllr Dan Fagan, Cllr David Reynard, Majella McCarthy, Carolyn Nice, Sarah Bowman-Abouna, David Gallagher, Julie Gillon, Jonathan Slade and Peter Smith.

HWB/1/24 Declarations of interest

There were no declarations of interest.

HWB/2/24 Minutes

RESOLVED that the minutes be confirmed as a correct record and signed by the Chair.

HWB/3/24 Best Start in Life

Members received a presentation that provided an overview of Stockton on Tees' Strategy, for giving every child the best start in life 2021 – 2025.

The Board noted that:

- There would be an extension to the Speech, Language and Communications Needs pathway across Key Stage 1, 2, 3 and 4 in response to the increased number of children being identified as having speech, language and communications needs as part of the Education, Health and Care Plan needs assessment
- Future funding had been secured through Council SEND and Inclusion services with contributions from ICB

Key issues highlighted and discussed:

- Covid restrictions had had a significant effect on young children's socialising and communication skills, given the isolation from their peers and wider community.
- Members agreed that 0-5 years was the most important time of development for children and speech and language support was key.

- It would be essential that the strategy reached those in high levels of deprivation and the multi-agency approach would assist with this, as would engaging with families directly.

- It was requested that 'measuring impact' data include details of wards, free school meals, families on benefits. Officers would look into this as the school/setting entered information into the impact tracker.

RESOLVED that the presentation and discussion be noted and actioned as appropriate.

HWB/4/24 Joint Health and Wellbeing Strategy

The Board considered a presentation that described the process that had been followed in developing a new Joint Health and Wellbeing Strategy.

The new strategy would have 4 Key themes:-

- All children and families have the best start in life
- Everyone has a healthy standard of living
- Everyone lives in healthy and sustainable places and communities
- Everyone lives long and healthy lives

It was explained that, in order to deliver outcomes, a logic model approach had been used. Members were provided with brief details of the model, together with 6 questions being used to focus resources, at a strategic level.

Details of draft focus areas, across the 4 key themes, was provided, together with issues it would be important to bear in mind when drafting the new strategy.

Key issues highlighted and discussed:

- Data would inform the Board in terms of progress and would give context, specific to the borough, including a narrative on what the data was, or may be, indicating. It was also requested that a traffic light system be used to identify areas of success and concern.
- Suggested that the logic model should be simplified.
- The Strategy would need to be flexible and open to change, should that prove necessary. The Strategy would be monitored by the Board.

RESOLVED that the presentation and discussion be noted and actioned as appropriate.

HWB/5/24 Annual report of Director of Public Health

The Board considered the Annual Report of the Director of Public Health 2023/24.

The report detailed progress made 2023/24 and focused on health inequalities, which persisted. To help address inequalities and improve health and wellbeing, a holistic, systematic, evidence based approach needed to be agreed and implemented across

partners and communities and be embedded in strategy, policy, design, action, monitoring and evaluation.

Reference was made to the Population Intervention Triangle (PIT) model, which could be used to provide focus on actions at civic, community and services level, as well as the interface between these actions.

The Board noted proposals to undertake a co-produced self-assessment on the Borough's current position and generate recommendations and actions.

RESOLVED that the update and presentations be noted and the proposals included be endorsed.

HWB/6/24 Members Update

There were no Member Updates.

HWB/7/24 Forward Plan

RESOLVED that the forward plan be noted.

CHAIR

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**ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE
Work Programme 2024-2025**

Date (4.00pm unless stated)	Topic	Attendance
16 April	CANCELLED	
23 April (informal)	Review of Access to GPs and Primary Medical Care <ul style="list-style-type: none"> • Summary of evidence / draft recommendations 	Sarah Bowman-Abouna / Emma Joyeux
21 May	Review of Access to GPs and Primary Medical Care <ul style="list-style-type: none"> • (Draft) Final Report Tees, Esk and Wear Valleys NHS Foundation Trust: Governors response to latest CQC report Monitoring: Progress Update – Day Opportunities for Adults CQC / PAMMS Quarterly Update: Q4 2023-2024 Regional / Tees Valley Health Scrutiny Update	Carolyn Nice / Sarah Bowman- Abouna / Emma Joyeux David Jennings / Patrick Scott / Cllr Pauline Beall Rob Papworth Darren Boyd
18 June	SBC Director of Public Health: Annual Report 2023- 2024 Care and Health Innovation Zone CQC Inspection Preparation Minutes of the Health and Wellbeing Board (January, March & April 2024)	Sarah Bowman-Abouna Carolyn Nice / Geraldine Brown Carolyn Nice
23 July	Monitoring: Action Plan – Access to GPs and Primary Medical Care (TBC) Review of Reablement Service <ul style="list-style-type: none"> • (Draft) Scope and Plan PAMMS Annual Report (Care Homes): 2023-2024 (TBC) CQC / PAMMS Quarterly Update: Q1 2024-2025 Regional / Tees Valley Health Scrutiny Update	Sarah Bowman-Abouna / Emma Joyeux
17 September	Healthwatch Stockton-on-Tees: Annual Report 2023-2024 SBC Community Spaces	Peter Smith / Natasha Douglas TBC
22 October	Making it Real Board – Update (TBC) Regional / Tees Valley Health Scrutiny Update	

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE Work Programme 2024-2025

Date (4.00pm unless stated)	Topic	Attendance
19 November	North Tees and Hartlepool NHS Foundation Trust (NTHFT): Maternity Services Update (TBC) SBC Winter Planning Update (TBC) CQC / PAMMS Quarterly Update: Q2 2024-2025	
17 December		
21 January 2025	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2023-2024 (TBC) Regional / Tees Valley Health Scrutiny Update	
18 February	Overview Report: SBC Adults, Health and Wellbeing (TBC) CQC / PAMMS Quarterly Update: Q3 2024-2025	
18 March	North Tees and Hartlepool NHS Foundation Trust (NTHFT): Quality Account 2024-2025 (TBC)	

2024-2025 Scrutiny Reviews

- Reablement Service

Monitoring Items

- Care at Home (Progress Update) – TBC
- Access to GPs and Primary Medical Care (Action Plan) – TBC

Performance and Quality of Care (standing Items)

- SBC Adults, Health and Wellbeing – Overview Report
- SBC Director of Public Health – Annual Report
- SBC PAMMS (Care Homes) – 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)