

Date: Tuesday 17 September 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 Carol Clark
Cllr Ray Godwin
Cllr Vanessa Sewell

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 23 July 2024 (Pages 9 - 14)
- 5 Healthwatch Stockton-on-Tees - Annual Report 2023-2024** (Pages 15 - 46)
- 6 SBC Community Spaces** (Pages 47 - 74)
- 7 SBC LGA Assurance Peer Challenge Update** (Pages 75 - 120)
- 8 Scrutiny Review of Reablement Service**
To consider and agree the scope and project plan for the review. (Pages 121 - 124)
- 9 Chair's Update and Select Committee Work Programme 2024-2025** (Pages 125 - 128)

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

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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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Agenda Item 4

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

A meeting of Adult Social Care and Health Select Committee was held on Tuesday 23 July 2024.

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

Officers: Sarah Bowman-Abouna, Emma Champley (A,H&W); Kerry Anderson, Gary Woods (CS).

Also in attendance: Emma Joyeux (North East and North Cumbria Integrated Care Board)

Apologies: None.

ASCH/18/24 Evacuation Procedure

The evacuation procedure was noted.

ASCH/19/24 Declarations of Interest

There were no interests declared.

ASCH/20/24 Minutes

Consideration was given to the minutes from the Committee meeting held on 18 June 2024. Updates were provided on the following items that were on the agenda:

- Care and Health Innovation Zone: Information requested by the Committee regarding the timescale for cleaning up the Marshalling Yards had been received from Stockton-on-Tees Borough Council (SBC) officers and was circulated to Members earlier this month (10 July 2024).
- Chair's Update and Select Committee Work Programme 2024-2025: Tees Valley Joint Health Scrutiny Committee (TVJHSC) attendance statistics, referenced under the 'Chair's Update' element, had been circulated to Members on 10 July 2024 for information.

In related matters, it was noted that Hartlepool Borough Council (who were supporting the TVJHSC during 2024-2025) had moved TVJHSC meetings from Fridays to Wednesdays, despite there currently being no Chair in place. Some of the proposed TVJHSC dates would clash with existing SBC meeting commitments – this was concerning given SBC representatives were comfortably the best attendees at TVJHSC meetings in comparison to Members from other Local Authorities.

AGREED that the minutes of the meeting on 18 June 2024 be approved as a correct record and signed by the Chair.

ASCH/21/24 Action Plan for Agreed Recommendations - Review of Access to GPs and Primary Medical Care

Consideration was given to a draft Action Plan setting out how the agreed recommendations from the recently concluded review of Access to GPs and Primary Medical Care would be implemented, including success measures and target dates for completion. Presented by the North East and North Cumbria Integrated Care Board (NENC ICB) Strategic Head of Primary Care (Tees Valley), Members were informed of the hope that a new GP contract would be agreed by March 2025, hence the stated due date of several of the proposed elements throughout the Action Plan. In addition, specific attention was drawn to the following:

- Recommendation 2 (All relevant health bodies continue efforts to increase public / patient understanding about accessing the most appropriate services (including in the context of the Pharmacy First initiative), using all available communication mechanisms (both print and digital) and links through local community networks (e.g. community partnerships), to ensure key messages are reinforced): The proposed action for Healthwatch Stockton-on-Tees to adopt and promote the resource developed by Healthwatch South Tees had already been addressed following the recent circulation of a Healthwatch Stockton-on-Tees version of the 'Top Tips for Accessing your GP Practice' – this would be shared with the Committee following this meeting.
- Recommendation 3 (Councillors and local MPs 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): With reference to Councillors / MPs supporting the messaging around wasted appointments from 'Did Not Attends' (DNAs), Members stated that they would welcome a future briefing on DNA figures.
- 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): Members suggested that, in order to ascertain progress on this and other recommendations, it may be beneficial for the Committee to engage directly with Chairs of PPGs at some point in the future.

Noting that virtually all actions were the responsibility of external organisations, Members highlighted the need for the Committee to ensure that any actions attributed to SBC were appropriately addressed.

The Committee thanked officers for the prompt collation of a very comprehensive draft Action Plan and approved the content as presented. The first update on progress of the agreed actions would be required in approximately 12 months.

AGREED that the Action Plan in relation to the recently completed Scrutiny Review of Access to GPs and Primary Medical Care be approved.

ASCH/22/24 PAMMS Annual Report (Care Homes) - 2023-2024

The Committee was presented with the PAMMS Annual Report (Care Homes) for 2023-2024. Led by the SBC Service Manager – Quality Assurance & Brokerage (who began by acknowledging the efforts of the SBC Quality Assurance and Compliance (QuAC) Manager in producing the report), key content was relayed as follows:

- The Provider Assessment and Market Management Solutions (PAMMS) is an online assessment tool developed in collaboration with Association of Directors of Adult Social Services (ADASS) East and regional Local Authorities. It was designed to assist users in assessing the quality of care delivered by providers. The assessment was a requirement of the Framework Agreement (the 'Contract') with providers, and they were contractually obliged to engage with the process.
- Priorities for 2023-2024 were focused on homes on the 'Older Persons Care Home Ranked List' that had received an overall rating of 'Requires Improvement' and Learning Disabilities (LD) homes that had not received a PAMMS assessment in 2022-2023. Assessments were planned around priority of support / level of risk, taking into account factors including date and rating of last CQC / PAMMS assessment, outcomes from the most recent CQC / PAMMS assessment report, other intelligence and data that increased the risk of service quality deterioration, and the number of PAMMS assessments that could be completed within current team resources.
- A summary table of assessments for contracted care homes (covering nursing, residential, LD, and mental health) undertaken by the SBC Quality Assurance and Compliance (QuAC) Team throughout 2023-2024 showed that, of the 28 inspections carried out, two services were rated 'Excellent' overall (both LD settings), 16 services had received a 'Good' overall PAMMS rating, and 10 services had been graded 'Requires Improvement' overall. 17 services were not assessed during 2023-2024.

Overall ratings following assessments published during both 2021-2022 and 2022-2023 were also included for comparison. 2023-2024 had seen a general drop in ratings when set against the outcomes of inspections from the previous two years, most likely as a result of the impact of a strengthened approach towards medicines management (working closer with the North of England Commissioning Support (NECS) Unit to implement more robust medication audits).

- In response to past Committee discussions around challenges within different categories of care home provision, graphs were included illustrating ratings levels for 2021-2024 across services with a nursing, residential, LD, and mental health focus.
- Key themes from assessments that scored an 'Excellent' or 'Good' rating were again listed. In addition to those elements identified in last year's Annual Report (i.e. comprehensive, clear and concise care plans with personalised detail; well-managed medication; robust processes around safe staff recruitment; the promotion of choice and independence to residents by staff; offering residents a choice of meals; evidence of a varied activity programme, tailored to the needs of the individual as well as groups), the completion of monthly audits by the registered manager on all aspects of the service that were robust, consistent and used to critically review the offer (supported by well-managed Action Plans to

improve any shortfalls in provision) was also noted, as were the benefits of an effective key worker system (with service-users being aware of who their key worker was and how the system operated).

- Key themes arising from those assessments that scored 'Requires Improvement' were highlighted, many of which were also recorded in last year's Annual Report (i.e. shortfalls in the completion of staff recruitment records (including gaps in previous employment and DBS checks); inconsistencies in relation to the quality and content of care plans; issues regarding the management of medication; an absence of infection, prevention and control (ICP) procedures; tired décor of some homes; lack of contractual compliance around staff induction, supervision and training). Further identified themes included a lack of / inconsistent management audits and checks, and little evidence of a range of regular, organised meetings where service-users, relatives and staff could provide feedback (or, if they did, that this was listened to, or acted upon appropriately, with people not kept informed of the outcome).
- The report concluded with a reminder of the next steps following a PAMMS inspection, with an Action Plan developed (and subsequently monitored regularly by the responsible QuAC Officer) highlighting those areas that needed an improvement in quality / compliance to ensure they were being delivered to a 'Good' standard. Assessment outcomes were shared with the Care Quality Commission (CQC) and North East and North Cumbria Integrated Care Board (NENC ICB) to help inform their own intelligence-gathering, whilst key themes were relayed to SBC Transformation Managers and SBC Public Health (to aid the design of projects and further interventions to support all care homes improve quality of care, a number of examples of which were documented in relation to the former), whilst ratings were provided to social workers who could share with families searching for a care home so they could access up-to-date information about the Council's view of quality.

Reflecting upon the development of this Annual Report over the last three years, the Committee welcomed the continued inclusion of overall outcomes from previous assessments in addition to the latest rating – this enabled the identification of trends / potential issues within the different categories of care.

The Committee contrasted the significant confidence that the PAMMS programme gave Members in comparison to the decreasing CQC output and commended the SBC QuAC Team for its efforts during the last year. The recent 'Excellent' rating for two of the LD care homes was very encouraging, as was the current status of the Borough's two mental health-focused care homes (particularly given the greater complexity being seen in patients requiring mental health support), though it was felt that inspections of these latter providers should be prioritised given neither were assessed during 2023-2024. Members also highlighted the need for the Council to push medication training / courses as medicines management issues remained prevalent.

Continuing with the theme of those services which were not inspected in the last year, Members asked why The Maple had not been visited given it had been rated 'Requires Improvement' following assessments in both 2022-2023 and 2021-2022 – the Committee was informed that this service had changed provider recently and SBC officers had conducted an inspection last week (the report would be circulated in the near future). Members also requested clarity on the lack of an assessment of Park

House Rest Home in the last three years, and heard that this service had previously chosen not to be on the old framework but were on the new one (and will therefore receive an inspection).

Bringing this item to a close, the SBC Service Manager – Quality Assurance & Brokerage drew attention to the need for the Council to conduct a bed sufficiency assessment next year on all older people’s residential care contracted providers – this meant that PAMMS assessments must be completed on all these providers which would bring challenges for the SBC QuAC Team given existing resource levels. The Committee looked forward to learning of the outcomes of these assessments once completed, particularly to understand ongoing and future costs to the Council and the ability to bring those individuals placed out-of-area back to the Borough.

AGREED that the PAMMS Annual Report (Care Homes) – 2023-2024 be noted.

ASCH/23/24 CQC / PAMMS Inspection Results - Quarterly Summary (Q1 2024-2025)

Consideration was given to the latest quarterly summary regarding Care Quality Commission (CQC) inspections for services operating within the Borough (Appendix 1). Only one inspection report was published during this period (April to June 2024 (inclusive)) – a focused inspection of Elm Tree Medical Centre which saw it maintain its overall rating of ‘Good’.

The Committee reflected on personal experience of visiting Elm Tree and commended the provider for its positive CQC report. It was felt that this family practice, located within a socially deprived area, was a role model for others to follow, and that despite known challenges regarding planning (an issue the Committee had recognised during its recent review of Access to GPs and Primary Medical Care), as well as a limited revenue stream, it was performing very well in terms of enabling access.

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

- One service, Real Life Options – Darlington Road, had achieved an overall rating of ‘Excellent’ following its first inspection.
- One service, Ayresome Court, had maintained its overall rating of ‘Good’ (achieving ‘Excellent’ in the ‘suitability of staffing’ domain).
- Of the remaining three reports, Dale Care – Stockton Home Care and Lorne House were downgraded to ‘Requires Improvement’ from a previous overall rating of ‘Good’, whilst Willow View Care Home were still deemed ‘Requires Improvement’ (graded ‘Poor’ in the ‘quality of management’ domain) following a similar overall rating from their previous inspection which was published in December 2022.

With reference to the assessment summary of the Dale Care – Stockton Home Care report, the Committee expressed concern over travel time between calls not being included in the rota and the identified shortfalls in supervision / appraisals. Members felt that these two factors were basic managerial issues, yet the ‘quality of management’ domain for this service had been graded ‘Good’.

Attention moved onto the outcomes from the latest inspection of Willow View Care Home, a service which had been closely monitored by the Council for some time and that now had a new manager (with a good reputation) in post. In response to a Committee query, it was confirmed that the home was still under embargo, with 38 individuals currently residing there (the capacity was 77). Whilst Members were pleased to hear of the already positive impact of the new manager, it was noted that assurances around this provider had been previously received from the SBC Director of Adults, Health and Wellbeing, yet numerous concerns remained.

Reflecting on this and other recently considered CQC / PAMMS update reports, the Committee commented on the contrasting range of quarterly results that were being evidenced through the Council's PAMMS inspection programme (valuable output which was in stark contrast to the dwindling published material from the CQC). Members felt it was clear to see the reasons why some services were achieving positive ratings, and that the PAMMS process showed other settings who were experiencing challenges what they should be aiming for. Indeed, a number of providers had demonstrated the possibility of greatly improved performance – something which gave hope to all.

AGREED that the Care Quality Commission (CQC) Inspection Results – Quarterly Summary (Q1 2024-2025) report be noted.

ASCH/24/24 Chair's Update and Select Committee Work Programme 2024-2025

Chair's Update

The Chair stated that further clarity would be sought on the planned 2024-2025 meeting dates for the Tees Valley Joint Health Scrutiny Committee – any updates would be shared with the Council's representatives once received.

Work Programme 2024-2025

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 17 September 2024, with anticipated items to include the Healthwatch Stockton-on-Tees Annual Report 2023-2024, a report on SBC Community Spaces, and a draft scope and plan for the Committee's next in-depth review of Reablement Services.

AGREED that the Chair's Update and Adult Social Care and Health Select Committee Work Programme 2024-2025 be noted.

Adult Social Care and Health Select Committee

17 September 2024

HEALTHWATCH STOCKTON-ON-TEES – ANNUAL REPORT 2023-2024

Summary

The Committee is requested to consider the Healthwatch Stockton-on-Tees Annual Report for 2023-2024 and comment as appropriate.

Detail

1. Local Healthwatch organisations are required to produce an Annual Report setting out their aims and achievements.
2. Healthwatch Stockton-on-Tees has produced its latest report, and this is attached for the Committee's consideration. The report will also be shared with the SBC Children and Young People Select Committee.
3. Members are reminded of the discussion points raised when the last Healthwatch Stockton-on-Tees Annual Report (2022-2023) was presented in September 2023 – these can be found at the following link (see item ASCH/12/23):

<https://moderngov.stockton.gov.uk/ieListDocuments.aspx?CId=1140&MId=1271&Ver=4>

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The value of listening

Healthwatch Stockton-on-Tees
Annual Report 2023–2024



Contents

Message from our Chair	3
About us	4
Year in review	5
How we've made a difference this year	6
Your voice heard at a wider level	7
Hearing from all communities	15
Advice and information	18
Volunteering	21
Finance and future priorities	23
Statutory statements	25



"Over the last year, local Healthwatch have shown what happens when people speak up about their care, and services listen. They are helping the NHS unlock the power of people's views and experiences, especially those facing the most serious health inequalities."

Louise Ansari, Chief Executive at Healthwatch England



Message from our Chair

As we reflect on the past year, it is with great pleasure that I introduce the annual report of Healthwatch Stockton-on-Tees. At a time of unprecedented challenges, Healthwatch Stockton-on-Tees through its small team of staff, volunteers and board members has gone above and beyond in their efforts to support the rights of individuals to access high-quality health and social care services.

Throughout the pages of this report, you will discover the tireless efforts of Natasha Douglas and her dedicated team and the impact they have made in areas such as GP services, NHS Dentistry, Pharmacies, Drug & Alcohol services, Attention Deficit / Hyperactivity Disorder (ADHD) support and issues impacting on growing older with a learning disability. From conducting detailed investigations into healthcare services and undertaking Enter & View visits, as well as empowering individuals to share their experiences, Healthwatch Stockton-on-Tees continues to serve our local community through accountability and advocacy.

The work we do has touched the lives of countless individuals across the Borough. Our role as a watchdog for health and social care services has never been more important. As recovery plans develop, bringing about changes to the delivery health and care services, we have ensured that the voices of local people are heard at a local, regional, and national level, informing strategic outcomes to improve the health of our communities. The team have worked tirelessly to ensure that the concerns and needs of patients and service users are not only heard but also acted upon.

Our Annual Event in February 2024 helped highlight inequalities in access to healthcare and has now formed the basis of our work plan as we move forward into 2024-2025.

As we navigate the challenges that lie ahead, I am confident that Healthwatch Stockton-on-Tees will continue to be a driving force for positive change in our local health and care landscape. With our commitment to amplifying the voices of those we serve, we will strive to build a healthcare system that is truly inclusive, responsive, and equitable for all.

Thank you for your continued support.



“I extend my deepest thanks to our staff, board, partners, volunteers and supporters whose dedication and passion have made our work possible. Together, we will continue to make a difference in the lives of individuals and communities across the Borough.”

Peter Smith, Chair, Healthwatch Stockton-on-Tees



About us

Healthwatch Stockton-on-Tees is your local health and social care champion.

We make sure NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

Our vision

A world where we can all get the health and care we need.



Our mission

To make sure people's experiences help make health and care better.



Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.



Year in review

Reaching out:

1,842 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

182 people

people came to us for direct information and guidance.

17,844 people

were able to access up to date health and care advice and information through our various online platforms.



Making a difference to care:

We published

9 reports

about the improvements people would like to see in health and social care services.

Our most popular report was

Views & Experiences of People Accessing or Requiring ADHD Support Services

which highlighted the struggles people face accessing ADHD support



Health and social care that works for you:

We're lucky to have

23

outstanding volunteers who gave up 37 days to make care better for our community.

We're funded by our local authority.

In 2023 - 24 we received

£129,997

which is 0.7% more than the previous year.

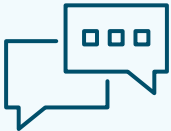



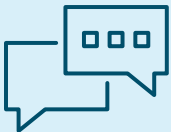



We currently employ

4 staff

who help us carry out our work.



How we've made a difference this year

Spring	 <p>We have continued to develop our network of Community Representatives, ensuring grass root representation is embedded in our work.</p>	 <p>With colleagues across North East & North Cumbria, we developed robust reporting mechanisms to capture and escalate the public voice in a timely way, informing decision making within the Integrated Care System (ICS)</p>
Summer	 <p>We carried out focused work, providing recommendations that will inform the future commissioning of planned care for adults with a learning disability.</p>	 <p>Our programme of coffee mornings was delivered in a wide variety of locations, promoting inclusion and reach, increasing meaningful feedback from a variety of communities.</p>
Autumn	 <p>In collaboration with our colleagues in Tees Valley, we developed 'Youthwatch' to engage with young people to gather their views on health services and produce two reports.</p>	 <p>We worked closely with people with lived experience of ADHD to raise awareness and gather views of how health and care services could be improved. This work will help shape national initiatives to inform service change.</p>
Winter	 <p>We conducted Enter & Views in pharmacies across the Borough to raise awareness of the Pharmacy First service and gather feedback on current service provision and inform future planning.</p>	 <p>We engaged with people accessing Drug & Alcohol services. Working closely with partners, we made appropriate recommendations to inform future service delivery.</p>

Your voice heard at a wider level

We collaborate with other Healthwatch to ensure the experiences of people in Stockton-on-Tees influence decisions made about services at North East & North Cumbria Integrated Care System (ICS) level.

This year we've worked with Healthwatch across the North East & North Cumbria to achieve:

Achievement one: Growing Older



Tees Valley Healthwatch Network worked in partnership with North East Commissioning Support on behalf of the North East and North Cumbria Integrated Care Board (NENC ICB) to deliver a local review in response to the national requirement to improve planning processes when families can no longer support their family member to stay at home.

The focus of the project was to improve support for family, carers, and older people with a learning disability (aged 40+, considering early onset of chronic health conditions such as dementia) providing effective recommendations, both from a local and Tees Valley perspective.

Achievement two: Dentistry

Through our information and signposting function, people have been telling us about challenges accessing NHS dentistry services.

Healthwatch organisations across the North East and North Cumbria came together to develop an overview report of the emerging issues, to inform the Integrated Care System (ICS) and better understand people's experiences of accessing dental care.

We conducted a mystery shopping exercise, contacting 286 NHS contract holding practices throughout NENC. Of those practices we spoke to, 1.7% offered an NHS routine care appointment within 3 weeks and 0.6% of practices offered an NHS routine appointment in more than 3 weeks.

All the information collected will be used by North East & North Cumbria Integrated Care Board (NENC ICB) for the future planning of Dentistry Services.



Your voice heard at a wider level

We collaborate with other Healthwatch to ensure the experiences of people in Stockton-on-Tees influence decisions made about services at North East & North Cumbria Integrated Care System (ICS) level.

This year we've worked with Healthwatch across the North East & North Cumbria to achieve:



Achievement three: GP Access

We were able to provide feedback from 190 people into the Scrutiny Review of Access to GPs and Primary Medical Care, currently being undertaken by Adult Social Care and Health Select Committee, ensuring your voices are used effectively with our partners.

Achievement four: Integrated Care Board

As the delivery of health and care services begin the journey of transformation, local Healthwatch throughout North East & North Cumbria have come together to develop robust ways of working to ensure the voices of the local people we represent are heard. We have developed a Network Operations Group to collectively drive forward system-wide activity and change.

We have a seat at each level of decision making within the ICS – local, subregional, and NENC wide including the Integrated Care Board, appropriate sub-committees and Integrated Care Partnerships.

We have ensured Healthwatch are an integral part of the ICS, independently sharing the experiences of people who use services.





Listening to your experiences

Services can't make improvements without hearing your views. That's why, over the last year, we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

Improving awareness of ADHD

Healthwatch Stockton-on-Tees began working with a Care Navigator from the Stockton Community Mental Health Team based at Wessex House. They introduced us to Larissa. Larissa has a diagnosis of ADHD and shared with us her experiences of living with the condition, the challenges she faced and what positive changes she thinks could be made to help others experiencing similar difficulties within the community of Stockton-on-Tees.

Larissa became a Healthwatch Stockton-on-Tees Champion and supported us to publish a 'Case Study' that helped us to gather additional feedback and intelligence from the local community about their experiences of ADHD, awareness of information, referral pathways and any challenges that are being experienced.

We spoke with Carers, Service Users, and Professionals to determine what their main concerns are and to inform how services can be improved.

68

people gave their feedback of local ADHD services and support, including 30 online surveys



What did you tell us about ADHD services?

- Extensive waiting times – no clear timescales available.
- Lack of understanding or awareness of ADHD and the impact on individuals and families.
- Unclear referral pathways.
- Lack of adequate signposting to helpful information, including coping strategies.
- People we spoke to overwhelmingly described how peer support would prove highly beneficial in improving wellbeing, providing the ability to share coping mechanisms, have a better understanding of the condition and potential strategies to mitigate poor mental health outcomes.

What difference did this make?

Our findings have provided valuable feedback to decision makers that will help to inform and plan future service delivery both at a local and national level.

Healthwatch England will be using this report to help shape a national response about the challenges facing people with ADHD and their carers, as changes are made to health and care service delivery.

“This report is important, highlighting the issues faced by people with ADHD and the need for service-providers to understand the impact of those issues and how they can be addressed.”

“Catalyst will work with service providers across the VCSE sector in Stockton-on-Tees to raise awareness of the report, the concerns it raises, and the recommendations it makes to tackle those concerns.”

Jon Carling, Chief Executive, Catalyst

Experiences of People Accessing Drug & Alcohol Services

There is a high prevalence of drug and alcohol related harm in Stockton-on-Tees with alcohol-related hospital admission and deaths relating specifically to alcohol being significantly higher than the national average.

Long term illicit drug use and drug related deaths are also significantly higher than regional and national averages.

Together, with the support of Public Health and service providers we engaged with those that had experience of drug & alcohol services to determine what was working well and what could be improved.

226

people gave their feedback of local drug and alcohol services, including 36 online surveys



This focused engagement work highlighted areas that could help to improve services for those needing support with substance abuse.

These included;

- Greater choice of meeting places and drop-in venues.
- Face to face out-of-hours service - including evenings and weekends.
- Multi-agency approach - avoiding a 'wrong door' or having to repeat frequently, difficult questioning, including housing, schools, justice system, social services, and mental health services.
- Continued development of Lived Experience Peer Support.
- Freephone Service - that can be accessed via a mobile phone, with good promotion of the service.

What difference did this make?

- This work has highlighted the challenges facing family, friends, carers, service users and professionals when facing substance addiction. The effect of drug abuse and alcohol addiction can affect different people in different ways, but the commonality is the negative impact it can have on all who are involved.
- This report will form part of a wider piece of work with the Public Health Stockton-on-Tees Team, as the Peer Support Advocacy service is developed. It will also help to plan and shape the future commissioning of Drug & Alcohol Support Services.

Experiences of People Accessing Drug & Alcohol Services



“Substance Use, mental health, and education it is so easy to only see the problems or challenges we face. Success needs to be celebrated but not because Liam running a project says ‘this project is great’ but by independent bodies discussing with people impacted by the project.

“I have seen firsthand the profound effect a Healthwatch report had on staff members at Bridges when reading the feedback given by service users, to Healthwatch.”

Liam Knowles, Project Support, Bridges Family & Carer Service



“We would like to thank Healthwatch Stockton-on-Tees for seeking the views of local people who access a range of drug and alcohol services across Stockton-on-Tees. As commissioners of some of these services, we welcome their feedback, and always endeavour to learn from local experiences to help us improve the support available.”

Mandy Mackinnon, Strategic Health & Wellbeing Manager, Public Health Stockton-on-Tees



“The recommendations contained within this report will help current service providers to improve service delivery and accessibility.

“We would like to thank Healthwatch Stockton-on-Tees for completing this exercise and for working with us to understand the feedback and recommendations, as well as providing us with the opportunity to share a comprehensive insight of our service and how we are meeting some of the challenges identified.”

Jenny Thompson, Services Manager, Stockton Recovery Service

Three ways we have made a difference in the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Creating empathy by bringing experiences to life

It's important for services to see the bigger picture. Hearing personal experiences and the impact on people's lives provides them with a better understanding of the problems.



People we spoke to during our ADHD engagement, described how the ability to meet people in similar situations to talk is a great source of support, not only for them but for friends and family to have a better understanding of ADHD, the impact and how it can be effectively managed.

People described feeling as though they had to find ways to 'fit in' as opposed to their differences being understood and reasonable adjustments made to support them to live in an inclusive way.

"I try to make sense of who I am and be able to function rather than feeling I'm a terrible person. This has been useful in understanding myself and not feeling alone."

Getting services to involve the public

Services need to understand the benefits of involving local people to help improve care for everyone.



Currently development is underway for a Wellbeing Hub in Stockton-on-Tees. We were able to work closely with Sarah Jones who has been appointed to lead on the development of this work, to help to gather valuable feedback to shape the service design and raise awareness of the planned new initiative.

"It was a privilege and an honour to be invited to share the Community Mental Health Transformation vision for Stockton-on-Tees with everyone."

"The opportunity to share good practice, concerns, network, collaborate, develop partnerships, and learn from each other has been invaluable."

Sarah Jones, Wellbeing Hub Project Manager

Three ways we have made a difference in the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Improving care over time

Change takes time. We often work behind the scenes with services to consistently raise issues and bring about change.



Stockton-on-Tees Borough Council produced its Children and Young Peoples Strategy which provides details of the local authorities' ambition for long term change.

Embedded within this strategy was the mission to ensure that service user voice was at the heart of service delivery and design.

In 2023 Healthwatch Stockton-on-Tees and the Stockton Community Wellbeing Champions collaborated to provide feedback that will inform future service design and delivery, improving access and support for our communities.

"The valuable insights and recommendations collated in the report will, along with other information collected during consultation, contribute to our service review and the ongoing development of a model of support and the commissioning process, working with communities, children and young people and their caregivers."

Sarah Bowman-Abouna, Director of Public Health Stockton-on-Tees

There's a summary of other outcomes we've achieved this year in the Statutory Statements section at the end of this report.



Hearing from all communities

Over the past year, we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently to gather their feedback and make sure their voice is heard, and services meet their needs.

This year we have reached different communities by:

- Working closely with Youth Focus North East to develop a local 'Youthwatch'
- Listening to carers and service users with a Learning Disability to support the future planning of health and care services.
- Delivering coffee mornings throughout the borough, engaging with the most deprived communities.
- Strengthening our Executive Board by developing Community Representatives to ensure the board is representative of the local community.
- Focusing our annual event on planning future priorities, giving the public the opportunity to shape our work.
- Developing a regular 'Word on the Street' report, providing timely updates to the ICB and partners of what is important to the people of Stockton-on-Tees.
- Supporting our colleagues in Teeswide Safeguarding Adults Board to promote safeguarding in the Borough.

Gathering feedback of pharmacy services

It was brought to our attention that people were having difficulty obtaining some prescribed medications and no longer being able to get repeat medication previously used.

A decision was made by the Healthwatch Executive Board to use our statutory function to Enter & View six pharmacies in the local area.

We wanted to find out how effective people felt Pharmacy Services are, if people were aware of additional services pharmacies provide and if people felt there were ways the service could be improved.

We also wanted to know from a professional perspective, what opportunities and challenges could be identified to support effective information sharing, collaboration, and service delivery.

Our main findings were that people value pharmacy services, and staff were considered helpful and polite. In certain areas people felt access was a challenge, particularly with medication shortages and the need to attend one or more pharmacy service to collect a complete prescription. Some people described difficulties in walking to their local pharmacy due to ill health or frailty.

There was little knowledge of the additional services that pharmacy can provide, with the perception that pharmacists could not provide specialist health care advice, of an equal standard to that of a GP.

Those that had accessed Pharmacy First found the process useful, saving time and avoiding challenges accessing GP appointments.

As a result of what people shared:

- We were able to raise awareness of new pharmacy services available, helping to access health services.
- We provided recommendations to the ICB to inform and influence future planning.
- We were able to support the review of the local Pharmaceutical Needs Assessment.
- We identified good practice improving access for the most vulnerable service user groups.
- We shared learning with partners to raise awareness of the need for consistent and collaborative communication methods.

"The findings of the report are valuable, the ICB is committed to continuously improving referral pathways, we will feedback to the Local Pharmaceutical Committee with a view to optimising the smooth transition between services for patients."

Anya Paradis, Director of Contracting & Oversight (North)

Ensuring the public help to shape our priorities

On Wednesday 21st February 2024 we held our 2023–2024 Annual Event at the River Tees Water Sports Centre, Stockton.

The focus of the day was to help to plan for our future priorities and support the Healthwatch Stockton-on-Tees Executive Board determine our workplan for 2024–2025.

The event was attended by the public, a wide variety of community and voluntary organisations, representatives from Stockton-on-Tees Borough Council, Stockton-on-Tees Public Health Team, North East & North Cumbria Integrated Care Board, North Tees and Hartlepool NHS Foundation Trust, Tees Esk & Wear Valley NHS Foundation Trust, volunteers, and colleagues

We used this opportunity to raise awareness of health and care priorities across the sector, demonstrating an ongoing commitment to collaboration to improve health outcomes for our population..

Some of the priorities that people shared with us were:

- Improved access to services, including health literacy to address health inequalities.
- Improved GP access, including sharing best practice across practices.
- Improve community reach to health and care services.
- Improved migrant health outcomes.
- Continual development of peer-led support services.
- Improved communication and information about end-of-life care and support available.
- Better access to cancer care services.
- Improve access to dentistry services.
- Improved mental health pathways, including access, reduced waiting times, improved collaboration between services.
- Improved access to medication and pharmacy services.
- Improve stigma surrounding substance misuse services and improve access and awareness of services.

This information has helped to shape our work plan for 2024–2025.



Advice and information

If you feel lost and don't know where to turn, Healthwatch Stockton-on-Tees is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, making a complaint or choosing a good care home for a loved one – you can count on us.

This year we've helped people by:

- Providing up-to-date information people can trust.
- Helping people access the services they need.
- Helping people access NHS dentistry.
- Supporting people to look after their health during the cost-of-living crisis.

Reaching young people in Stockton

Working across Tees Valley, in partnership with Youth Focus North East we developed a Youthwatch to find out what was important to young people.

Case Study: Sexual Health & Young People

Sexual health was an area that was discussed, people told us that they felt this was an area that was not widely talked about, they felt that professionals and adults sometimes shied away from the subject, and they wanted more information about what was available.

Three interactive workshops were held to gain insight into:

- In terms of sexual health, what issues they felt are impacting local communities.
- What barriers there are to accessing sexual health services
- Where they would like to access services and get key messages from.

It was evident that sexual health education was dependent on different schools, religious groups, and physical/mental ability.

The young people worked with us to develop a young person friendly information poster, that can be used across Tees Valley to raise awareness and improve sexual health outcomes.

Making it real

This year we have wanted to ensure that individual experiences are brought to life, we have done this by developing a series of case studies that are shared with our partners to provide context to key themes shared with us.

Case Study: Medication Issues

"I have been Type 2 diabetic since 2007 for a number of years controlled by diet, but from 2012 started to take medication. I was using Metformin, but I had side effects so was not always taking it. I focused on diet and exercise so that by 2019 I was no longer needing to take diabetes medication at all. Then came the pandemic, and I moved back to the North East after being in London for over a decade.

"During the pandemic my diet and exercise regime completely broke down, so when I had a full check-up in 2021, I needed to consider taking some medication. I was registered with Yarm Medical Practice and had quarterly appointments with a specialist nurse following blood and urine tests.

Making it real

Case Study: Medication Issues (cont...)

"I tried Metformin again but had severe side effects. My nurse recommended Ozempic weekly injections, which I started in late 2021. I responded well to the medication and was using it until Spring 2023. I lost nearly 20 kilos in weight and was feeling good. My job role involved walking up to 6 miles a day, so I was back to exercising as well.

"Unfortunately, this Spring I was told that Ozempic was in short supply and my diabetic nurse recommended I switch to Rybelsus, an oral version of Ozempic. This was not as convenient, but I tolerated it well. This July I was told by my pharmacist that the drug was unavailable and would not be for some time. I contacted the GP surgery who rather than talking to me booked me in for blood tests. I attended the blood tests and finally spoke to a diabetic nurse. I was told that because I was not responding as well as some other patients to Rybelsus and due to supply issues, I would need to consider an alternative.

"I was given no choice in the matter and even had my "owing" certificate from the pharmacy cancelled, as per the GP surgery's request – I was not told about this I found out at the pharmacy after I went in to collect the medication that they had received in stock. The pharmacy had called me to tell me they had it, so it was embarrassing for them to have me turn up only for them to have to tell me "sorry..." I was not best pleased! Now I am back on Metformin – the slow-release variant – and having the same side effects plus I am gaining weight again. I really benefited from Ozempic/Rybelsus and it is a shame that I cannot continue with it."

This information, along with additional intelligence, has helped to shape our work plan.



Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Visited communities to promote their local Healthwatch and what we have to offer
- Collected experiences and supported their communities to share their views
- Carried out enter and view visits to local services to help them improve



"After seeing the great work completed by Healthwatch Stockton-on-Tees and the way the team engaged with our clients, I was thrilled to be asked to become involved by becoming a board member.

"This past year I have worked on several projects to support the health of Stockton, including providing health advocacy, working with the Wellbeing Hub, testing for Blood Borne Viruses and delivering Addiction training to partner organisations."



Liam Knowles –
Project Support at
Bridges Family &
Carer Service and
Healthwatch
Stockton-on-Tees
Board Member



"As a Healthwatch champion, I've found working with Healthwatch Stockton-on-Tees incredibly empowering. They've provided a vital platform for voicing concerns about the lack of support for the ADHD community. Their commitment to listening, confidentiality, and impartiality has ensured my experiences are heard and acted upon.

"Together, we're making strides towards improving care and support for everyone, locally and nationally.."



Larissa Bennett –
Healthwatch
Stockton-on-Tees
Champion & ADHD
Peer Support Group
Lead

Do you feel inspired?



We are always on the lookout for new volunteers, so please get in touch today.

 www.healthwatchstocktonontees.co.uk

 **01642 688312**

 healthwatchstockton@pcp.uk.net



Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure

Income		Expenditure	
Funding from LA	£129,997	Expenditure on pay	£99,711
Additional income	£24,340	Non-pay expenditure	£2,108
		Office and management fees	£32,722
Total income	£154,337	Total expenditure	£134,541

Additional income is broken down by:

- £15,000 – TVHWN Working Agreement for Growing Older Project
- £305 – Healthwatch Leadership Conference Attendance Support
- £6,000 – North & South Tees Group Model project

Total – £21,305

ICS funding

Healthwatch across North East & North Cumbria also receives funding from our Integrated Care System (ICS) to support new areas of collaborative work at this level, including:

Purpose of ICS funding	Amount
Waiting Well engagement	£250
Dentistry engagement	£910
Healthwatch Stockton-on-Tees Core ICS (Nov '23-Mar '24)	£1,875

Next steps

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our top three priorities for the next year are:

1. Focusing on tackling health inequalities, particularly the migrant community.
2. Continuing to develop our engagement with young people, using a local approach.
3. Working across the Tees Valley to raise awareness and provide feedback in response to the local hospital group model of working.



Statutory statements

The organisation holding the Healthwatch contract is the Pioneering Care Partnership (PCP). PCP is a multi-award-winning health and wellbeing charity operating across the North East.

For further information, please visit www.pcp.uk.net

Registered Charity No: 1067888. Company Registered in England No: 3491237

Registered address: Pioneering Care Centre, Carer's Way, Newton Aycliffe, County Durham, DL5 4SF

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Healthwatch Stockton-on-Tees uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Board consists of five Executive members and five community Representatives who work on a voluntary basis to provide direction, oversight and scrutiny of our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2023/24, the Board met six times and made decisions on matters such as:

- Deciding to undertake Enter & Views at Pharmacies throughout the area to gather local views.
- Developing our work plan item about people's experiences of ADHD services, providing evidence to help inform a national picture, with supporting recommendations.
- Identifying new ways of working to ensure the voice of the public is escalated to decision makers in a timely way.

We ensure wider public involvement in deciding our work priorities.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services. During 2023/24, we have been available by phone, and email, provided a web form on our website and through social media, as well as attending meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, present it to the Health & Wellbeing Board and Scrutiny Committee, and it will be disseminated amongst our partners and commissioners, including North Tees & Hartlepool Foundation Trust and the Care Quality Commission.

The Stockton Community Wellbeing Champions have a seat on our Executive Board, they share with us feedback gathered from the local community to help to inform our work.

Responses to recommendations

All our reports throughout the year have received responses from the relevant partners and recommendations made will form part of the future planning and commissioning of services. There were no issues or recommendations escalated by us to Healthwatch England Committee, so, no resulting reviews or investigations.

The way we work (cont)...

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences that have been shared with us.

In our local authority area, for example, we take information to:

- Health and Wellbeing Board
- Health and Wellbeing Partnership
- Teeswide Safeguarding Adults Board
- Adult Social Care & Health Select Committee
- Health & Wellbeing Forum
- Coalition of The Willing Working Group
- Integrated Mental Health Steering Group
- Joint Health & Wellbeing Strategy Working Group
- Healthwatch England Leads Meeting
- North Tees & Hartlepool Foundation Trust Council of Governors

We also take insight and experiences to decision-makers in our North East & North Cumbria ICS.

- Integrated Care Partnership Sub Committee Stockton-on-Tees
- Healthwatch NENC Network Operations Group
- NENC ICB Quality & Safety Committee
- NENC Primary Care Strategy & Delivery Sub Committee
- NENC Integrated Care Board Patient Voice Committee

We also share our data with Healthwatch England to help address health and care issues at a national level.

Enter and view

This year, we made six Enter and View visits.

Location	Reason for visit	What you did as a result
Norton Glebe Pharmacy	Information and intelligence was received by Healthwatch Stockton about the emerging shortages in medication and pharmacy closures.	Provided a report on findings, including recommendations to inform future delivery and decision making at both a local and regional level.
Boots Pharmacy – Thornaby-on-Tees Health Centre	As above	As above
Synergise Pharmacy – Stockton Town Centre	As above	As above
Pharmacy World – Roseworth	As above	As above
Whitworths Pharmacy – Yarm	As above	As above
Boots Pharmacy – Billingham	As above	As above

Healthwatch representatives

Healthwatch Stockton-on-Tees is represented on the Stockton Health and Wellbeing Board by Healthwatch representatives and Chair, Peter Smith. During 2023/24 our representative has effectively carried out this role by:

- Providing leadership and expertise to the Healthwatch Executive Board and Healthwatch Stockton Team.
- Sharing timely updates of the Healthwatch work plan at strategic meetings.
- Supporting the Healthwatch Stockton Lead to ensure an effective model of service delivery.
- Representing Healthwatch Stockton at local and regional meetings.

Healthwatch Stockton-on-Tees is represented on North East & North Cumbria Integrated Care Partnerships and North East & North Cumbria Integrated Care Boards by Healthwatch representatives, Rebecca Morgan, Natasha Douglas and Chair, Peter Smith.

2023 – 2024 Outcomes

Project/activity
Views & Experiences of People Accessing or Requiring ADHD Support Services
Views & Experiences of People Accessing Drug & Alcohol Services
Growing Older Planning Ahead – For Adults with a Learning Disability
Access to Dental Services – Final report expected May 2024
Views & Experiences of Pharmacy Services – Final Report April 2024
Youthwatch – Working together across Tees Valley – in collaboration with Youth Focus North East
1. I need a Doctor
2. Insight into Youth Sexual Health
Outcomes achieved
7 reports relating directly to health & care services
We have made 47 recommendations.
Provided insight for our four 'Word on the Street' reports – shared widely with partners ensuring timely feedback of intelligence received.
Supported decision makers in the planning of developing new and innovative ways of working. Including Public Health, Integrated Care System (ICS), Local Authority, North Tees & Hartlepool NHS Foundation Trust, Select Committee, Health & Wellbeing Board and the VCSE



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Facebook.com/HW.Stockton.on.Tees

Adult Social Care and Health Select Committee

17 September 2024

SBC COMMUNITY SPACES

Summary

The Committee is requested to consider a report on the Stockton-on-Tees Borough Council (SBC) Community Spaces initiative and comment as appropriate.

Detail

1. At the Executive Scrutiny Committee meeting in January 2024, a 'Winter Planning Update' was given to Members which included details of the Council's ongoing Community Spaces (previously known as Warm Spaces) initiative. This report can be accessed via the following link:

<https://moderngov.stockton.gov.uk/documents/s5746/Report.pdf>

2. During subsequent discussions, the Committee requested further information on the number of groups which had continued with the Community Spaces initiative throughout the summer of 2023, as well as information on how £60,000 worth of funding would be utilised to support and sustain groups. SBC officers agreed to present a future report to the Adult Social Care and Health Committee on the Community Spaces initiative.
3. An update on this Council scheme has been provided and is attached to these meeting papers. The SBC Strategic Lead – A Fairer Stockton-on-Tees & Community Engagement, accompanied by a SBC Project Co-ordinator, will be in attendance to present the report and respond to any comments / questions.

Name of Contact Officer: Gary Woods

Post Title: Senior Scrutiny Officer

Telephone No: 01642 526187

Email Address: gary.woods@stockton.gov.uk

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Community Spaces in the Borough of Stockton-on-Tees



Annual Evaluation September 2024

Contents

	Page number
Executive Summary	3
1.0 Introduction	6
2.0 Background	7
3.0 2024 Monitoring Evaluation and Feedback	8
4.0 Case Studies – The Warm Welcome	14
5.0 Community Spaces Thank you and Network Launch Event 27th June 2024	16
6.0 Conclusion and Recommendations	17
Appendix 1 - Case Studies from Monitoring Conversations 2024	19
Appendix 2 - List of participating venues in Community Spaces in the Borough of Stockton-on-Tees by ward	22
Appendix 3 - List of responding venues	24

Executive Summary

This report provides an overview of the Community Spaces scheme and the main issues highlighted through monitoring conversations gathered between March and June 2024. In addition, current challenges and recommended priorities for 2024/25 are outlined.

Key points to note from this report include:

- Currently, there are almost 70 venues registered as Community Spaces across the Borough. This includes all five the '*Bread and Butter Thing*' Hubs. Most venues operate throughout the year. A list of the venues is attached as appendix 2.
- 87% of Community Spaces provided a response to this year's annual monitoring. The majority stated that they were content with the scheme and would like to remain part of it for 2024-25.
- Most venues also expressed an interest in joining a Community Spaces Network. The launch of this network in June 2024 is covered within the report and indicates how feedback from monitoring conversations is already being implemented.
- Social isolation and the cost of living (struggling to pay utility and food bills) remain the two key reasons people attend a Community Space.
- Through the Community Spaces scheme, residents have accessed a range of advice and support services, such as debt management and employment and training.
- A lack of additional funding is still a key concern which prevents venues from increasing their offer to residents, i.e. opening for more days or introducing new activities.
- Several venues requested support with accessing additional funding.
- Examples of training and development opportunities requested by venues included mental health first aid, food hygiene and welfare and benefits training.
- The Winter Warm Boxes project (the distribution of boxes containing essentials to keep residents warm in their own homes) was highly regarded and all venues hoped that this would be repeated for Winter 2024/25.
- A major development within the Community Spaces scheme is the Warm Welcome. The success of the Thornaby Warm Welcome, which has resulted in the creation of a Warm Welcome in Billingham, is outlined within the report.
- Case studies from monitoring conversations, attached as appendix 1, evidence the invaluable work that has been achieved through the Community Spaces scheme.

Conclusion

£60,000 of Public Health funding has secured the continuation of the Community Spaces initiative for 2023/24 and 2024/25. This has enabled venues to build on what was achieved in the first phase of the Warm Spaces scheme and work towards long-term sustainability. Considering the increasing financial pressures on local authorities and the Council's Powering Our Future transformation programme, it is imperative that Community Spaces venues are empowered to achieve this long-term sustainability by accessing wider funding and are supported with funding bid applications.

The feedback reveals that it is apparent that there is an ongoing need for residents to be supported through the Community Spaces initiative. Several case studies gathered as part of this year's monitoring process have revealed that these spaces have played a pivotal role in preventing suicide and assisting with homelessness and domestic violence. Integral to this is the commitment from providers, Council staff and partners to accurately signpost and refer members of the public to the correct services and specific contacts within those services.

Looking forward, the Fairer Stockton-on-Tees (FSOT) team has established a network for Community Spaces providers to sustain and improve the Community Spaces offer across the Borough. Quarterly in-person events will be organised to provide training, networking and will include guest speakers who can provide services or sessions in venues. The FSOT team also compile fortnightly emails containing information on relevant funding and events which may be of interest to Community Spaces venues. This example evidences the team's attempts to maintain ongoing dialogue with venues. FSOT staff are also willing to conduct more regular visits to venues to support their development, where there is a need.

Recommendations

For the year 2024-25, it is recommended that:

1. The FSOT team, and representatives from partner organisations Thirteen and Catalyst, will assess the Community Spaces applications for 2024/25 and explore alternative options with venues who would still like to support residents, but the Community Spaces scheme is not appropriate for their venue/business model.
2. In-person quarterly Community Spaces Network events are arranged. These events will provide an opportunity for venues to come together, share ideas, be provided with updated information on funding and training. This will serve as a basis for venues to become more sustainable in line with the Council's Powering Our Futures programme.
3. Further joint working with Public Health on social isolation issues are explored.
4. Information on funding and training opportunities are regularly distributed via email to venues as part of the plan to increase the sustainability of the Community Spaces scheme.

5. Funding for Winter Warm Boxes 24/25 will be obtained by working with partner organisations, such as the Stockton and District Information and Advice Service and exploring options through Corporate Social Responsibility.
6. The FSOT and Community Engagement Team will work with Community Spaces venues to distribute Winter Warm Boxes.
7. Outreach support is provided for issues identified. For example, through work with Cleveland Police to arrange community safety drop-ins. Additional pension credit drop-ins, Employment and Training Hub on Tour sessions will also be arranged. Wider promotion of such sessions is also recommended.
8. FSOT continue to participate in Warm Welcome network and increase number of Community Spaces registered with Warm Welcome.
9. There will be increased promotion of the free SBC Community Transport Service and the Volunteer Drivers Scheme, to address transport issues for residents trying to access Community Spaces.
10. Options to ensure that there is at least one Community Space in each ward are explored.
11. Annual monitoring will take place in April 2025.

1.0 Introduction

1.1 Since its inception in 2022 (as the Warm Spaces scheme), the Community Spaces initiative has continued to develop from strength to strength, and there are currently almost 70 venues across the Borough of Stockton-on-Tees. A directory of venues with contact details, opening times and facilities available is included in the [Council website](#).¹ These range from Council-owned buildings to churches, community centres to cafés, each offering a non-judgemental ‘warm welcome’ to residents who may be struggling with the cost of living or social isolation. A list of participating venues is also included in this report as Appendix 2.

1.2 This report provides an overview of the key issues highlighted through monitoring conversations gathered between March and June 2024. This is accompanied by a series of case studies to emphasise the continuing importance of the Community Spaces scheme to the Borough’s residents. Finally, the report concludes with an evaluation of the current challenges and recommended priorities for the year ahead.

¹ <https://stockton.gov.uk/community-spaces-directory>

2.0 Background

2.1 Several areas within the Borough of Stockton-on-Tees are categorised as the most deprived in the country, meaning that the increasing cost of living has had a significantly detrimental effect on our residents, many of whom are already impoverished.

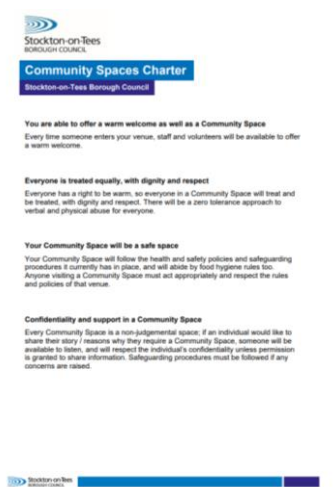
2.2 The establishment of the Warm Spaces scheme in October 2022, initially as a direct response to increasing utility bills, has provided a lifeline for a wide range of residents. Interim consultation exercises were carried out in December 2022 and February 2023 to gain early insight from venues and to serve as a mechanism for the FSOT team and partners to act on emerging issues in support of the network. An annual evaluation was carried out in June 2023. These initial evaluations revealed that the label 'Warm Spaces' may not be helpful in terms of its associated stigma for those who needed to attend venues solely open for the scheme and attendance in warmer weather may be negatively affected if people misunderstood what was being offered.

2.3 Consequently, in mid-2023, the Warm Spaces initiative was rebranded to 'Community Spaces' as a headline, using 'Community Spaces with a warm welcome' where a strapline was appropriate, to reflect the year-round provision offered that goes beyond heated public spaces to include community interaction and access to support services.

2.4 A charter has been developed that all Community Spaces venues have signed up to. The charter also outlines what is expected of any member of the public who attends.²

2.5 The newest Community Space is New Life Centre, Billingham, which also operates as a Bread and Butter Thing hub. This means that all five of the Bread and Butter Thing hubs are now also operating from Community Spaces.

2.6 Through collaboration, ongoing funding support and the tireless work of staff and volunteers across the Community Spaces venues, residents have been provided with safe spaces where they can access support, advice, socialise and often receive a warm drink and/or meal.



² https://www.stockton.gov.uk/media/3696/Community-Spaces-Charter/pdf/Community_Spaces_Charter.pdf?m=1690798342227

3.0 2024 Monitoring Evaluation and Feedback

3.1 Between March and June 2024, in-person monitoring visits were undertaken by Council officers, and staff from Catalyst and Thirteen, to gather feedback from participating venues. It was imperative that information was gathered through a conversational process so that representatives from each venue, who had given up their time to provide feedback, were reassured that they had been listened to. This has resulted in a better understanding of the successes achieved through this scheme and areas where venues need further support or advice.

3.2 58 of the 67 (87%) Community Spaces responded to the annual monitoring. A list of responding venues is included in this report as Appendix 3.

3.3 The key findings from the annual monitoring conversations are:

Attendance

3.4 Social isolation and the cost of living (struggling to pay utility and food bills) have remained the two key reasons for people to attend a Community Space, which are also viewed as a safe space and environment. For example, staff and volunteers at St Columba's Church, Billingham have observed, "*Some come just for the free homemade soup.*"

3.5 The following feedback received from Stockton Hope at St Andrew's has been echoed by most other Community Spaces venues: "*People's needs seems to have moved from food to needing social contact with others. They support each other with their problems.*"

3.6 Those attending Community Spaces have received advice and support with debt and debt management, benefits, addiction (drugs and alcohol), and welfare support, mental health problems, and employment and training. One example is the Employment and Training Hub's (E&T) 'Hub on Tour'. At these sessions, E&T Hub staff provide advice and assist with employment and training queries. To date, the 'Tour' has included or will include visits to a range of Community Spaces, including libraries and all Tees Active Leisure sites. Generally, 4-5 people are provided with assistance per session, but many residents have also taken information leaflets to pass on to family members and friends. Also, Hub staff are always open to attending any venues where there is a need.



3.7 Although there is a general increase in attendance figures during the winter months, most venues operate as a Community Space all year round. This has provided a sustained social element for residents across the Borough who rely on these spaces for friendship and support.

3.8 Several venues mentioned that attendance figures rise during school holiday times as this is a time when parents/grandparent/carers require extra support with feeding and entertaining children.

3.9 Many of the venues have existing activities or groups, such as baby and toddler sessions, which run during their Community Space 'time'.

3.10 Provision for asylum seekers and refugees has also been incorporated into the scheme and a weekly drop-in session is held at St Peter's Church, Stockton. Around 60 people attend for food, company, activities and English as a Second Language (ESOL) classes.

3.11 The provision offered varies across the venues. For example, at Tees Active leisure centre sites and the Arc, Stockton, members of the public can access a space anonymously during opening hours to simply stay warm and dry. Other venues, such as Norton Grange Community Centre, provide free weekly community meals, run a food pantry and provide emergency food parcels.

3.12 In general, venues are run by a mixture of paid staff and volunteers who prepare and serve food and serving drinks and deliver activities, such as bingo and quizzes.

3.13 With regards to why someone might not attend a Community Space, several churches responded that they felt that people might feel unsure or intimidated about entering a church or feel that they must be a Christian to access their space. Assistance with publicity to dispel these myths was requested by some churches.

3.14 Other venues stated that there was still a stigma associated with accessing a space to use services such as a foodbank. However, it appears that emphasising the social aspect of venues has reduced this stigma in places across the Borough.

3.15 One venue raised concerns that Community Spaces might be viewed as something that mainly older people accessed because they largely operate during working hours. Other venues expressed that they would like to open more but would need more funding to open on additional days.

3.16 In some areas, near Stockton Town Centre, high levels of crime were felt to be a barrier to people attending Community Spaces.

3.17 Transport was also raised as a key issue preventing people from attending a venue across the Borough, including Port Clarence and Thornaby. The following feedback from Five Lamps Warm Welcome, Thornaby highlights this problem:

"We have an elderly couple who come from sheltered accomodation, this is their only social outlet. They can only come because we pick them up in our minibus. The male particularly has very limited mobility and can't get on the public bus. This is the highlight of his week, he comes and makes friends , plays Bingo and Dominoes. We are very sadly going to have to stop offering this service as the cost of the fuel is £30 a week. We would appreciate any support in keeping this service alive."

3.18 Figures suggest that the SBC Community Transport scheme is being under utilised for people to access a Community Space. In April 2024, only 1 resident used the service to attend a venue, and this reduced to zero in June 2024. Further investigation into this issue needs to be conducted as a matter of urgency so that residents do not miss out on accessing a space and making important social connections if transport is the key barrier.

3.19 Efforts to resolve transport issues include the creation of the Stockton Volunteer Driver Service (SVDS). This scheme has been part-funded by SBC to recruit and coordinate volunteer drivers to give lifts to people who may be isolated or have difficulties accessing public transport. The aim of the scheme is to help reduce isolation and to increase access to social activities, support and health services. The first journey, in June 2024, took Noreen from her home in Billingham to the Warm Welcome social event in Thornaby. Noreen commented:

'It is a marvellous thing what you are doing and an absolute godsend for me. My husband passed away in December 2023 and getting out to social events like the Warm Welcome means the world to me.'



Additional Funding

3.19 As mentioned above, funding remains a key hindrance for venues maximising the provision they can offer and the number of residents they can reach through this scheme.

3.20 Only three venues stated that they had received funding through the Council's Food Aid Fund and only one venue had received funding through Catalyst's Reducing Inequalities Fund.

3.21 Other external funds received included a £500 Red Balloons Peer Support Network bursary granted to Lighthouse Mental Health Drop-In Centre. Stockton Baptist Church had also received around £2000 from the Tees Valley Combined Authority. Newtown Resource Centre was provided with an extra £500 from Thirteen specifically to support its Community Spaces work. Therefore, there is a recognised need to work alongside Community Spaces to support them in accessing additional funding.

3.22 During the monitoring process, many churches commented on the poor condition of their buildings and their frustration at their ineligibility to access certain types of funding because of their status as a religious organisation. In response, all churches within the Community Spaces scheme were provided with information on specific funding streams for churches/religious buildings.

Access to Support and Advice

3.23 The vast majority of venues had provided information on or made referrals to the following:

- Foodbanks/Community pantries
- SBC Cost of Living online hub/ Given Cost of Living Support booklet
- Citizens Advice Bureau (SDAIS)
- SBC Services- Social Care/ Housing/ Homelessness/ Welfare Support
- Mental Health Support

Revenues and Benefits advice has been provided by Council officers across several venues. Most recently, five Pension Credit Awareness Sessions have taken place during June 2024. The selected venues were: Stillington Village Hall, Thornaby Warm Welcome, West End Bowling Club, Ingleby Barwick Friendship Café, and Challoner House. There was greater engagement with the sessions at some venues, such as West End Bowling Club, who stated they would welcome another session. Other venues, such as Stillington Town Hall, stated that the single session was sufficient for their group/residents. Over 50 residents engaged with these sessions and, so far, 6 direct referrals have been made.

3.24 Positive feedback included the following example from Ingleby Barwick Friendship Café:

“Just wanted to say a huge thank you for organising for Janet to attend our cafe yesterday. She was so lovely and I know a number of people talked with her. She fitted in beautifully, I would appreciate it if you would pass on our thanks and appreciation to her. She enjoyed the session herself so you are always all very welcome to come and join in with us. God bless you all.”

3.25 Other examples of services and advice provided include drug sample sessions via Public Health at Rivers of Life Church, Stockton and Police Community Support Officers (PCSOs) drop-in sessions at the Willows Centre, Stockton.

3.26 The Diocese of Durham has also funded a Parish Nurse Project which is currently running at St Mary’s, Norton. Options to explore the expansion of this to other qualifying church venues across the Borough and to promote this to the wider public is included in the Anti-Poverty Strategy and Action Plan

3.27 Many venues have provided mental health support and advice through their own organisations. Arc, Stockton offered to support wellbeing and mental health services by allowing them to use the venue to deliver services and events as this would complement existing workshops.

Training/ development opportunities

3.28 The following were suggested as requests for additional training and development opportunities:

- Mental health first aid training
- Food hygiene.
- Manual handling.
- Understanding chaotic/addiction driven behaviour.
- Dementia awareness training
- Conflict management.
- Citizens Advice training
- Loneliness and social isolation training
- Supporting asylum seekers and refugees.

Warm Boxes

3.29 Venues praised the Warm Boxes project, remarked on the quality of items provided through this and there was a consensus that this project would be welcomed and valued again in Winter 2024. Venues were asked which items they would like to be included in Warm Boxes, if funding was available to deliver this in 2024. Suggestions included:

- Hand warmers
- hot water bottles
- blankets (including hooded blankets)
- flasks
- hygiene packs
- sleeping bags
- tents
- coats
- microwaveable heat packs
- duvet covers
- hats
- gloves.

3.30 Venues commented that Warm Boxes should be delivered earlier than the previous year, and from November onwards so boxes could be distributed before the cold weather began.

Community Spaces Scheme Development 2024-2025

3.31 Most venues desired to remain a Community Space for 2024-2025 and were interested in participating in a networking event.

3.32 A handful of spaces reported that their venue had not been utilised as a Community Space or had little engagement with the scheme. One example of this was the Onsite Building Trust which oversees seven community centres across the Borough. Residents were able to access centres 24/7 but only as a place to keep warm. Through the monitoring conversation, it became apparent that, moving forward, it would be better to concentrate on two of its sites, Ragworth Community Centre and Norton Grange Community Centre. Options to explore the development of a children's soft play offer at Ragworth and to ensure the sustainability of the

community meal and pantry offer at Norton Grange are recommended for inclusion in the scheme's action plan for 2024-25.

Suggestions for improvements to scheme

3.33 When asked for suggestions for improvements to the Community Spaces scheme, the main response was focused on increased promotion/advertising of spaces by the Council to attract more people and increase awareness of activities and groups on offer. This could include promotion through GP surgeries. It was also suggested that there should be a 'spotlight on a venue' in each edition of Stockton News.

4.0 Case Studies – The Warm Welcome

4.1 The Warm Welcome at Thornaby Pavilion Indoor Bowls



Launched in May 2023, The Warm Welcome at Thornaby Pavilion Indoor Bowls is a perfect example of the development of the Council's Warm Spaces offer into the wider Community Spaces initiative. It also provides evidence of the value of effective partnership working between the Council, the Borough's Voluntary Community and Social Enterprise Sector (headed by Catalyst Stockton-on-Tees), Thornaby Town Council, and one of the Council's leisure, sport and wellbeing partners, Tees Active.

The weekly drop-in sessions were an instant success and provided a community service to local residents and additional funding from Thornaby Town Council has secured a continuation of the Warm Welcome sessions. As well as providing a social space for residents, events and training have also been incorporated. This includes cookery, scam awareness, and fire safety, chair-based exercises and bowling sessions. The success of the sessions at Thornaby Pavilion has led to a second venue in Thornaby, Five Lamps, running Warm Welcome sessions.

Feedback from residents emphasises the importance of the sessions:

- *It was a great atmosphere to walk into. Now it's my go to place and why I was determined to get out of the house and come today.*
- *This has got me out of a lonely space.*
- *This is one of the highlights of the week for me and my wife.*
- *I really enjoy coming here as it helps me to relax and relieve the tension.*
- *It is lovely to see friends and play games together. All for free and it gets us out and into company.*

"We have a man who was brought to one of our sessions by a social prescriber from Mind. He was lonely and suffering from very poor mental health after losing his mum a few months prior. With no family and no friends the professional recommended Warm Welcome as a way to meet new people. He started off very quiet but Warm Welcome being the place he is, he got welcomed onto a big table of people and hes' never looked back. He now is a very active member of the Warm Welcome group, volunteers each week making drinks and talking to new people. He even goes to businesses and asks for raffle prizes and bingo prizes for the group. He is engaged and a lot happier in himself. He is looking forward to getting out with us on our first ever trip this summer."

4.2 The Warm Welcome at Billingham Forum – Launched 16th July 2024

Following the success of the initial Warm Welcome in Thornaby, funding was secured from Billingham Town Council and Billingham Legacy Fund to pilot a Warm Welcome in Billingham. The funding has paid for six months room hire at Billingham Forum to gauge interest and support from the local community.

Extensive publicity was undertaken in the run up to the launch session on the 16th July, this included Billingham Communities Facebook, SBC social media, Tees Active and BTC social media along with traditional leaflets and posters which were distributed to local venues i.e. library, cafes, shops and community centres.

As a result of the publicity in advance of the session, several local residents made contact to offer support and volunteer. Contact was also made with a resident who had previously run something similar in another area of Billingham which had recently folded. This resident also offered their surplus refreshments and encouraged their 'regulars' to attend the new session.

Over 25 people attended the initial session from the community. A further 17 staff from local care homes were also invited to see how the session would run to encourage them to bring their residents to future sessions. Everyone was offered a tour of the Forum Theatre to go backstage and have their turn on the stage.

The session was a real success, with people playing cards and bingo and getting to know each other. Several people had arrived on their own and were welcomed and introduced to new people. One lady had brought her father, but both were soon chatting to other people, and the session provided a bit of respite for this lady. Links have been made with social prescribers and STEPS and information on the Volunteer Drivers Scheme was also distributed.

From some initial discussions, upcoming sessions will hopefully include chair yoga and healthy eating demonstrations.



5.0 Community Spaces Thank you and Network Launch Event 27th June 2024

5.1 The first Community Spaces thank you event was held on 27th June, at the Stockton-on-Tees Employment and Training Hub, to recognise and celebrate the hard work of the scheme's staff and volunteers across the Borough. A Community Spaces network has been established to provide a forum for the almost 70 venues which are part of the Council's expanding Community Spaces initiative. The network will meet quarterly, with the next event scheduled for October at one of the Community Spaces, the Lighthouse Drop-in Centre.

5.2 The event included:

- An update on the Community Spaces Monitoring
- Information on Community Spaces funding for 2024-25
- A presentation provided by Heather Sykes (Catalyst) on funding and bid writing support
- A workshop focused on sharing achievements and challenges
- An opportunity for venues to network and to receive advice and support



6.0 Conclusion and Recommendations

Conclusion

6.1 £60,000 of Public Health funding has secured the continuation of the Community Spaces initiative for 2023/24 and 2024/25. This has enabled venues to build on what was achieved in the first phase of the Warm Spaces scheme and work towards long-term sustainability.

6.2 Considering the increasing financial pressures on local authorities and the Council's Powering Our Future transformation programme, it is imperative that Community Spaces venues are empowered to achieve this long-term sustainability by accessing wider funding and are supported with funding bid applications.

6.3 The feedback reveals that it is apparent that there is an ongoing need for residents to be supported through the Community Spaces initiative. Several case studies gathered as part of this year's monitoring process have revealed that these spaces have played a pivotal role in preventing suicide and assisting with homelessness and domestic violence. Integral to this is the commitment from providers, Council staff and partners to accurately signpost and refer members of the public to the correct services and specific contacts within those services.

6.4 Looking forward, the Fairer Stockton-on-Tees (FSOT) team has established a network for Community Spaces providers to sustain and improve the Community Spaces offer across the Borough. Quarterly in-person events will be organised to provide training, networking and will include guest speakers who can provide services or sessions in venues.

6.5 The FSOT team also compile fortnightly emails containing information on relevant funding and events which may be of interest to Community Spaces venues. This example evidences the team's attempts to maintain ongoing dialogue with venues. FSOT staff are also willing to conduct more regular visits to venues to support their development, where there is a need.



Recommendations

6.6 For the year 2024-25, it is recommended that:

1. The FSOT team, and representatives from partner organisations Thirteen and Catalyst, will assess the Community Spaces applications for 2024/25 and explore alternative options with venues who would still like to support residents, but the Community Spaces scheme is not appropriate for their venue/business model.
2. In-person quarterly Community Spaces Network events are arranged. These events will provide an opportunity for venues to come together, share ideas, be provided with updated information on funding and training. This will serve as a basis for venues to become more sustainable in line with the Council's Powering Our Futures programme.
3. Further joint working with Public Health on social isolation issues are explored.
4. Information on funding and training opportunities are regularly distributed via email to venues as part of the plan to increase the sustainability of the Community Spaces scheme.
5. Funding for Winter Warm Boxes 24/25 will be obtained by working with partner organisations, such as the Stockton and District Information and Advice Service and exploring options through Corporate Social Responsibility.
6. The FSOT and Community Engagement Team will work with Community Spaces venues to distribute Winter Warm Boxes.
7. Outreach support is provided for issues identified. For example, through work with Cleveland Police to arrange community safety drop-ins. Additional pension credit drop-ins, Employment and Training Hub on Tour sessions will also be arranged. Wider promotion of such sessions is also recommended.
8. FSOT continue to participate in Warm Welcome network and increase number of Community Spaces registered with Warm Welcome.
9. There will be increased promotion of the free SBC Community Transport Service and the Volunteer Drivers Scheme, to address transport issues for residents trying to access Community Spaces.
10. Options to ensure that there is at least one Community Space in each ward are explored.
11. Annual monitoring will take place in April 2025.

Appendix 1

Case Studies from Monitoring Conversations 2024

A lady who has just had her fifth baby attended the hub, and all family members have ADHD. The family have just moved into a new home where the upstairs windows don't have any locks on. The Family Hub made a referral to get locks installed and this was sorted as soon as possible.

Billingham Family Hub

Someone who attends has mental health challenges and cares for his elderly mother and being able to be here for a space for him has been something that has kept him from going over the edge when things have gone badly.

- St Paul's

Another man comes who is a victim of domestic abuse. His little boy has been taken into foster care and he has been very mentally unwell. He has started coming to our sessions again and is making real progress. He sees it as a safe space. –

Salvation Army

A gentleman and his wife recently moved to the village from Bradford and didn't know anyone. They came along to the Community Space drop-in and were immediately accepted. People made them welcome and then helped them find tradespeople to help them renovate their house. They shared their knowledge of the area and where to access services. They made a point of sharing local history which was really kind and interesting. The couple both now volunteer at the centre and the local church. –

The Wilson Centre, Long Newton

People come to our volunteers with their personal problems and we listen and direct them to help if needed. One lady has been coming for over a year and she just needs to chat to us and unload her problems. She has had issues around housing and is struggling to get the right advice. She comes regularly with her children and we make a fuss of the kids. We have also supported homeless people and we let one put up his tent in our garden. –

St Chad's

In the Wednesday lunch group we provide a space for people to boost their confidence, give them a voice and create a safe space, giving them a feeling of belonging. –

Stockton Parish Church

The Lighthouse is my bolthole. I have a lot of problems and stress at home, but when I come here I can just be myself. I don't have to take part in activities if I don't want to. I don't have to hide what I am feeling or going through. I can step out of my real life situation and find my escape here. We are not judged, regardless of the issues we are struggling with, including alcohol addiction. The person who leads this service is like the glue that keeps it all together. He is a Godsend to us all and the person I turn to for help. –

Lighthouse

An elderly guy whose wife was taking his money and was making him take money from the bank. Starfish are working/worked with housing support, financial, safeguarding, crisis, mental health, GP and pharmacy teams. With all teams attending Starfish to support him and his wellbeing. Starfish have an ongoing relationship with his social worker. – Starfish

We have given our community a purpose, they look forward to dropping in for a coffee and seeing a friendly face. – Challoner House Community Centre

A couple who moved from Thornaby and who have attended the community space built new friendships with new members and are now members of the church giving them a sense of purpose and belonging - Rivers of ...

The feedback we receive is centred on how much people value it and the community themselves asked for it to be extended throughout the year. Several women who used to be part of a women's group but lost touch have reconnected and reformed their group through the Community Space. - Norton Methodist

One lady who uses a mobility scooter one year ago struggled to leave her flat. She started coming to the café / space and now comes regularly and has built up a relationship with Tracy. Her confidence has really grown and now gets out more to other activities as well. - Café Billingham

Gentleman was looking for Newtown Guest House as he was homeless – Called Moses Project and got number for the Guest House. Gave the days and times of Moses Projects and he used the phone to call the Guest House and arrange accommodation. Used the centre to charge his own mobile and was given tea and refreshments while he waited. – Newtown Resource Centre

The key issues are around loneliness and the need for companionship. People are happy to come to us. It is warm and comfortable and a focal point of the village. They talk about their problems and this really helps people.” The Wilson Centre, Long Newton

A young woman came into their venue and upon talking to their staff became very emotional, disclosing domestic abuse issues she was dealing with. Lakota staff supported her emotionally and made a referral to partner agency, A Way Out. Should the venue not be an open Community Space, the woman may not have felt comfortable to attend the venue and therefore make the disclosure which has opened avenues to support her. – Lakota

A man was sent to Redhill Hub on discharge from hospital. He needed help from the homeless team and was suffering with alcohol addiction. Although we didn't have the resources to support him on site, we were able to contact colleagues at SBC housing team and make an appointment for him to be seen that day. He had no means of transport and no money so we bought him a bus ticket and printed off the timetable for him to be able to make his appointment in Central Stockton. It is a good thing that we had the knowledge and contacts to be able to help him. – Redhill Family Hub

The sessions have grown month on month and now have a number of regular ladies that attend. They noted that they were missing the Chair based exercise that they used to attend at another community venue. The volunteers noted this and put a free arm chair exercise video on in their hall every Tuesday which is loved and looked forward to by the attendees. – St Columbas

A man came to us who was absolutely at rock bottom. He had been recently bereaved and was suffering some addiction problems. We managed to find help through CAB and the Moses Project. Now this person comes to help out at our drop-ins. It is lovely to see him so much better. He also now has a job. – Stockton Hope at St Andrew's

Been over a year and look forward to a Tuesday it's the company and chance to mix with a nice lot of people and made a lot of friends. Came along with my friends to start with. People who run are excellent and very warm and welcoming – St John's

Appendix 2

List of participating venues in Community Spaces in Stockton-on-Tees by ward

67 venues across 27 wards – 23 wards covered (85%) / 4 wards uncovered (15%)

- **Billingham Central (4)** – Billingham Family Hub, Billingham Forum, Billingham Library, Café in the Park (John Whitehead Park)
- **Billingham East (2)** – Low Grange Community Centre, St Columba's Church
- **Billingham North (0)**
- **Billingham South (1)** – High Clarence Primary School
- **Billingham West and Wolviston (0)**
- **Bishopsgarth and Elm Tree (0)**
- **Eaglescliffe East (1)** – Tees Valley Community Church
- **Eaglescliffe West (2)** – Eaglescliffe Community Centre, The Wilson Centre (Long Newton)
- **Fairfield (2)** – Fairfield Library, Grangefield Youth and Community Centre
- **Grangefield (2)** - St Paul's Church, St John the Baptist Church
- **Hardwick and Salters Lane (2)** – Aspen Gardens, Stockton Hope at St Andrew's Methodist Church
- **Hartburn (2)** – Greens Lane Methodist Church, West End Bowling Club
- **Ingleby Barwick North (1)** – The Rings Community Hub
- **Ingleby Barwick South (2)** – All Saints Academy, Ingleby Barwick Library
- **Mandale and Victoria (5)** – Five Lamps (The Youthy), Victoria Park Café, Thornaby Library (Gilmour Street), Teesside Vineyard Church, The Community Hub
- **Newtown (3)** – Newtown Community Resource Centre, St John The Baptist Church, St Paul's Church
- **Northern Parishes (1)** – Stillington Village Hall
- **Norton Central (4)** – Frederick Natrass Centre (Tees Valley Music Service), Norton Grange Community Centre, Norton Library, Norton Methodist Church
- **Norton North (1)** – The Glebe Community Centre
- **Norton South (1)** – Christ Church Mission
- **Ropner (5)** – Parkfield Lighthouse Limited, St Peter's Church, Stockton Family Hub, Yarm Road Methodist Church, The Place To Be (Starfish)
- **Roseworth (4)** – Ragworth Community Centre, Redhill Family Hub, Roseworth Library, St Chad's Church
- **Southern Villages (0)**

- **Stainsby Hill (4)** – Eltham Community Centre, Thornaby Central Library, Thornaby Family Hub, Thornaby Library (Gilmour Street)
- **Stockton Town Centre (10)** – ARC, Lakota Hub, Roseberry Community Consortium, Splash, Stockton Baptist Church, Stockton Central Library, Stockton Parish Church, Stockton Salvation Army, The Willows Centre, Rivers of Life Christian Fellowship
- **Village (1)** – Robert Atkinson Centre
- **Yarm (3)** – Challoner House Community Centre, Yarm Library, Yarm Methodist Church Hall

Appendix 3

List of responding venues

1. Billingham Forum
2. Splash
3. Thornaby Pool
4. Warm Welcome at Thornaby Pavilion
5. Stockton Central Library
6. Fairfield Library
7. Ingleby Barwick Library
8. Norton Library
9. Roseworth Library
10. Thornaby Library (Gilmour Street)
11. Thornaby Central Library
12. Yarm Library
13. Billingham Library
14. Redhill Family Hub
15. Stockton Family Hub
16. Thornaby Family Hub
17. Billingham Family Hub
18. Grangefield Youth & Community Centre
19. Stillington Youth & Community Centre
20. Glebe Community Centre
21. Ragworth Neighbourhood Centre
22. Eltham Crescent Community Centre
23. Robert Atkinson Community Centre
24. Café in the Park (John Whitehead Park)
25. St Columba's Church, Billingham
26. High Clarence Primary School
27. The Wilson Centre
28. St Paul's Church
29. St John the Baptist Church
30. Stockton Hope at St Andrew's Church
31. West End Bowling Club
32. Greens Lane Methodist Church
33. The Rings Community Hub
34. Five Lamps The Youthy

35. The Lighthouse Drop-in Centre
36. Victoria Park Café
37. Newtown Community Resource Centre
38. St Mary's Church
39. St Mary's Parish Hall
40. St Michael's and All Angels Church
41. Norton Grange Community Centre
42. Norton Methodist Church
43. Jubilee Church (Yarm Road Methodist Church)
44. St Peter's Church
45. The Place To Be (Starfish)
46. The Lighthouse Mental Health Drop-In Centre
47. St Chad's Church
48. Arc
49. Lakota Hub
50. Stockton Baptist Church
51. Roseberry Community Consortium
52. Stockton Parish Church
53. Rivers of Life
54. Stockton Salvation Army
55. The Willows Centre
56. Challoner House
57. Yarm Methodist Church
58. The Meadowings Community Centre

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Adult Social Care and Health Select Committee

17 September 2024

SBC LOCAL GOVERNMENT ASSOCIATION ASSURANCE PEER CHALLENGE UPDATE**Summary**

Feedback on Stockton-on-Tees Borough Council (SBC) involvement in a recent Local Government Association (LGA) Assurance Peer Challenge (undertaken ahead of the forthcoming Care Quality Commission (CQC) inspection of the Council's adult social care services) will be presented to the Committee for information.

Detail

1. In June 2024, the Committee received a briefing from SBC officers outlining the Council's preparations for the anticipated inspection of SBC adult social care services. The report, and subsequent discussion points, can be found at the following link (see agenda item ASCH/15/24):

<https://moderngov.stockton.gov.uk/ieListDocuments.aspx?CId=1140&Mid=4403&Ver=4>

2. The June 2024 briefing referenced the Council's forthcoming involvement in a LGA Assurance Peer Challenge which was scheduled for July 2024. SBC officers stated that feedback on the challenge could be provided to the Committee in September 2024 – an update on the main outcomes has therefore been prepared and is included within these meeting papers (supplemented by the LGAs final report – see **Appendix 1**). The SBC Strategic Development Manager (Adults & Health) and the SBC Assurance and Co-Production Manager are scheduled to be in attendance to present the report and respond to any comments / questions.
3. Members are reminded that, in July 2024, SBC received its formal 'Notice of Local Authority Assessment' from the CQC. As outlined during the briefing in June 2024, this means that the CQC will conduct an on-site visit within six months (giving around six-eight weeks' notice).
4. In related matters, the CQC recently (September 2024) published a further six new reports on its findings from the latest formal assessments completed under its new responsibility to assess how Local Authorities are meeting their adult social care duties – details of all published reports can be found at the following link:

<https://www.cqc.org.uk/care-services/local-authority-assessment-reports>.

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Adult Social Care and Health Select Committee Members' Briefing

Update on the Local Government Association Assurance Challenge and Preparation for CQC Framework Assurance: 17th September 2024

1. Outcome of the Local Government Association Assurance Challenge

- 1.1. In preparation for the Care Quality Commission (CQC) assurance framework for Local Authorities, Stockton-on-Tees Borough Council (the Council) commissioned an independent peer review by the Local Government Association (LGA) to assess the ability of the adult social care service to deliver good care and support to people. This was also an opportunity to test our readiness for a Care Quality Commission (CQC) assessment.
- 1.2. The Assurance Peer Challenge took place between 9th and 11th July 2024. Eight peers completed an on-site visit, holding 36 interviews involving a range of over 150 people including the Cabinet Member for Adult Social Care, Leaders, staff, partners, people with lived experience, carers and stakeholders.
- 1.3. Prior to the on-site visit, the peer Principal Social Worker from the LGA Assurance Challenge Team completed an audit of 8 case files, and spoke to the people (or their family member or advocate) whose case files were audited.
- 1.4. The LGA Assurance Challenge Team also reviewed the Local Authority Information Return that we submitted prior to the on-site visit. This is the list of 38 data items requested by the CQC, including the Self-Assessment (which was shared in draft form with Adults Health and Social Care Select Committee in June 2024).
- 1.5. Whilst the LGA Assurance Challenge did not provide a rating as we will receive from the CQC, it did provide feedback on strengths and areas for improvement via a headline feedback presentation at the end of the on-site visit, and a formal report received after the assurance challenge. This report is included at Appendix 1.
- 1.6. Overall, the LGA feedback was very positive and identified some strong practice, a supportive and committed workforce, and effective leadership and partnership arrangements. As critical friends, the Assurance Challenge team also identified scope for developing our emerging approaches for co-production, recording and record-keeping and to support evidencing of strengths-based working.
- 1.7. The key findings from the LGA Assurance Challenge were:
 - i. Strong and visible leadership noting how 'Powering Our Future' setting a strong strategic vision for the area
 - ii. A skilled and engaged workforce with a clear Focus on staff development enabling progression
 - iii. Evidence of good working relationships across the system to enable good outcomes for people
 - iv. Positive steps to embed co-production, noting the progress in developing the "Making it Real" Board.
 - v. A trusted and effective safeguarding partnership working across SBC and the wider system.
- 1.8. The peer review team also identified opportunities for the Council to develop current arrangements and build on good practice. Specific areas identified were:

- 1.9. Some processes and pathways result in people having to tell their story more than once and the front door to Adult Social Care has multiple hand-off points.
 - i. Opportunities for improved integrated working across the system for those people that need a higher level of support.
 - ii. Strategic leadership across the area of transitions from children's to adult services needs strengthening, including a stronger forecast of the financial implications.
 - iii. There is a need to improve the housing offer and more long-term planning, based on population need.
 - iv. Planning for workforce sustainability due to the high number of long-service employees and competition in the locality for some work (i.e. care staff)

2. Preparation for CQC Framework Assurance: Next Steps

- 2.1. Formal notification of assessment was received from CQC on 24th June 2024 and we submitted our Local Authority Information Return and other required information by the deadline of 12th July. We now await notification of the on-site visit which is expected to take place by December 2024, with 6-8 weeks' prior notice.
- 2.2. The CQC Programme Steering Group has been re-instated following the LGA Assurance Challenge and will meet twice-monthly effective from September 2024. The Steering Group will provide assurance oversight and will monitor progress against the action plan, which has been updated to reflect the feedback from the LGA Assurance Challenge.
- 2.3. A separate six-week plan to prepare for the on-site visit has been developed to be implemented once we receive notification from the CQC. This includes key preparation activities which are being progressed with immediate effect. A small working group is progressing the action plan and meeting monthly to monitor progress.
- 2.4. The list of 50 anonymised cases is under monthly review to ensure that this is current, and case file summaries are being developed. The list will be requested by the CQC at the point of notification, with a definitive list of ten cases then requested for case-tracking.
- 2.5. The LAIR data and Self-Assessment are under planned and regular review to ensure that these remain current. Key performance data will be reviewed and monitored through the Liquid Logic Adults System (LAS) Strategic Group.
- 2.6. A communication plan is being finalised with the Communications team. This will include the key messaging for all stakeholders and specific support for staff which will be developed and progressed with Quality Assurance and Workforce Development colleagues.
- 2.7. Where the details of key contacts, groups, partners and networks have been shared with the CQC within the LAIR submission, these people have been contacted, the self-assessment has been shared, and opportunities identified to provide updates as well as to seek feedback to inform future iterations of the Self-Assessment.

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Preparation for Assurance Peer Challenge Report

Stockton on Tees Borough Council

August 2024

Final Report



Background	3
Key Messages – Strengths	6
Key Messages – Areas for Consideration	7
Case File Audit.....	8
Lived Experience Feedback	9
Theme 1: Working with People	11
Quality Statement One: Assessing needs.	12
Quality Statement Two: Supporting people to live healthier lives.....	18
Quality Statement Three: Equity in Experiences and Outcomes.....	20
Theme 2: Providing Support.....	21
Quality Statement Four: Care Provision, Integration, and Continuity	23
Quality Statement Five: Partnerships and Community.....	28
Theme 3: Ensuring Safety	29
Quality Statement Six: Safe systems, Pathways, and Transitions	30
Quality Statement Seven: Safeguarding.....	32
Theme 4: Leadership	33
Quality Statement Eight: Governance, Management, and Sustainability	34
Quality Statement Nine: Learning, Improvement, and Innovation.	36
Top Tips for Assurance Preparation - for consideration	39
Lessons learned from other peer challenges.	39
Immediate Next Steps	40
Contact Details.....	42

Background

Stockton on Tees Borough Council asked the Local Government Association (LGA) to undertake an Adult Social Care Preparation for Assurance Peer Challenge at the Council, and with partners.

Carolyn Nice – Director for Adult Social Services commissioned an independent peer review to assess the ability of the adult social care service to deliver good services to people, as well as preparedness of the adult social service for a Care Quality Commission (CQC) assessment. The focus was on an independent perspective on how prepared adult social services are for a Care Quality Commission (CQC) inspection and how well the organisation is delivering adult social care services for its residents.

The purpose of a peer challenge is to help an authority and its partners assess current achievements, areas for development, and capacity to change. Peer challenges are improvement focused and are not an inspection.

The peer team used their experience and knowledge of local government and adult social care (ASC) to reflect on the information presented to them by people they met, and material that they read.

Prior to being onsite the LGA Peer Challenge team undertook a case file audit, lived experience interviews, a review of data, and held 1-1 calls with people with lived experience of the services provided by Stockton on Tees Borough Council Adult Social Care. The peer team were then onsite for three days holding interviews, focus groups, and discussions to fully understand the adult social care department to develop feedback and recommendations through triangulating the evidence presented.

All information collected was non-attributable to promote an open and honest dialogue.

The members of the peer challenge team were:

- **Stephanie Butterworth** – Director Adult Social Services, Tameside Metropolitan Borough Council
- **Jon Goodwin** – Peer Challenge Manager, LGA and Interim Assistant Director, Kent County Council
- **Councillor Joanne Harding** – Lead Member for Finance, Change and Governance, Trafford Metropolitan Borough Council
- **Nick Pryke** – Deputy Director of Community Health and Adult Social Care Operations, Norfolk County Council
- **Alexandra Pitcher** – Assurance and Workforce Manager, Cheshire West and Chester Borough Council
- **John Allen** – Principal Social Worker, North East Lincolnshire Council
- **Russell Henderson** – Strategy and Transformation Commissioning Lead, Kingston upon Thames London Borough Council.

The team were on-site at Stockton on Tees Borough Council for three days from 9th July 2024. In arriving at their findings, the peer team:

- Held 36 interviews and discussions with over 150 different people including Councillors, officers, senior leaders, partners, people with lived experience, and carers.
- Read a range of relevant documents provided by Stockton on Tees Borough Council, including a self-assessment.
- Completed 8 case file audits with 22 conversations with people with lived experience.
- Had a combined social care experience amounting to over 216 years.

The peer challenge team spent approximately 184 hours with Stockton on Tees Borough Council; the equivalent of 24.5 working days. Invariably, this is still a snapshot of the organisation rather than being totally comprehensive.

Specifically, the peer team's work focused on the Care Quality Commission (CQC)

framework four assurance themes for the up-coming adult social care assurance process. They are:

Care Quality Commission Assurance themes

<p>Theme 1: Working with people. This theme covers:</p>	<p>Theme 2: Providing support. This theme covers:</p>
<ul style="list-style-type: none"> • Assessing Need • Supporting People to Live Healthier Lives • Equity in Experiences and Outcomes 	<ul style="list-style-type: none"> • Care Provision, Integration, and Continuity • Partnerships and Communities
<p>Theme 3: How the local authority ensures safety within the system. This theme covers:</p>	<p>Theme 4: Leadership. This theme covers:</p>
<ul style="list-style-type: none"> • Safe Pathways, Systems, and Transitions • Safeguarding 	<ul style="list-style-type: none"> • Governance, Management, and Sustainability • Learning Improvement and Innovation

The peer challenge team would like to thank Councillors, staff, people with a lived experience, carers, partners, and providers for their open and constructive responses during the challenge process. All information was collected on a non-attributable basis.

Initial feedback was presented to the Council on the last day of the peer challenge and gave an overview of the key messages. This report builds on the presentation and gives a more detailed account of the findings of the peer team.

Key Messages – Strengths

There are observations and suggestions within the main section of the report linked to each of the CQC themes and quality statements. The following are the peer team's key summary highlights:

- Dedicated workforce supported by strong and visible leadership “*I work for the best Teesside Council*”.
- Continuing theme of very positive and engaged wider workforce – a credit to Stockton on Tees!
- The philosophy of advocacy and person-centred working is strong across the organisation and with external partners.
- Efforts to include the voice of people are underway with the Making it Real board.
- Making safeguarding personal is evidenced at all stages with high numbers of people reporting feeling safe (ASCOF).

Key Messages – Areas for Consideration

- People state having to tell their story more than once and the front door having multiple hand off points, which is a frustration and limits the person's sense of being listened to.
- Improve integrated working across the system for those people that need a higher level of support.
- Strategic leadership across the area of transitions needs strengthening, including stronger forecast of the financial implications.
- Planning for workforce sustainability – lots of long service employees and competition in the locality for some work (care staff).
- Develop a single story from the data - be clear about “unmonitored waiting times”.

Case File Audit

As part of the Peer Challenge, a case file audit was carried out on 8 cases. Of the 8 cases, the Peer Team were able to speak to 22 people in receipt of the service (or their family/advocate) to understand their lived experience.

Strengths

- Strong person-centred narrative & recording.
- The voice of the person and the carer was apparent throughout.
- Good evidence of professionalism and values through the case record.
- Rights-based practice is consistent.
- Documentation of person's needs written with clarity and sensitivity, clearly capturing care and support needs using their words.
- Sound evidence of working with the persons wishes, feelings and what's important to them.
- Care Act eligibility and decision making is clearly documented with the person at the centre.
- Good evidence of the recording of multi-disciplinary working and decision making within assessments and case notes.
- Consistent joined up work with Social Workers and Occupational Therapist with good synergy to the assessment work.
- Financial discussions, in respect of potential charging, are clearly evident in every assessment.
- Key principles of the Mental Capacity Act 2005 identified within assessments and best interest decision making recordings.
- CHC considerations are timely and consistent.

Considerations

- Evidence of strengths-based practice is limited throughout. A strong use of statutory services, but with limited reference to the individual strengths or VCSE/ community / network support. Recording is sometimes deficit focused.
- There is good engagement with carers, but a limited reference to offer of carers assessment or other carers support services. Often carers are not recorded formally, despite being evident in notes.
- MCA recording could be clearer to show practitioner thinking and how decisions have been arrived at.
- Forms and recording templates could better give space for personalised recording to capture the voice of the person and enhance the evidence of professional decision making. Changes here could support a more strengths-based practice approach.

Lived Experience Feedback

Strengths

- People said they had confidence in support from social workers and therapy services and felt listened to.
- Staff were described as supportive, understanding and wanted to work together with people and carers.
- Once working with the team, people felt they could pick up the phone and get support when they needed it.

Considerations

- People described finding information to start with about who to contact and how, quite difficult.
- People described a lack of 'joined up' working between health services, and that they weren't advised of the support available from adult social care by health services.
- People stated that there were some long waits at the beginning of requesting support, with little information about time scales or what would happen next.

Theme 1: Working with People

This relates to assessing needs, planning and reviewing care, arrangements for direct payments and charging, supporting people to live healthier lives, prevention, wellbeing, information and advice, understanding and removing inequalities in care and support, and people's experiences and outcomes from care.

CQC Quality Statement 1 – Assessing Needs

Strengths

- The philosophy of advocacy and person-centred working is strong across the organisation and with external partners.
- The Making it Real board is increasing the voice, and valuing the expertise, of experts by experience in the organisation.
- Where people are waiting for assessment, there is good understanding of risk and some understanding of 'waiting well'.
- Staff value the visibility of the Principal Social Worker in the system and the provision of reflective learning practice sessions.
- Carers support service has good uptake and provides meaningful, person centred intervention for carers that they have a voice in.

Considerations

- People state having to tell their story multiple times, and the front door having multiple hand off points is a frustration and limits their sense of being listened to.
- A consistent approach is needed around rights-based practice and legal literacy across the workforce to ensure parity for people and their outcomes.
- Having a consistent approach to waiting well will help to reduce frustrations

and keep people informed.

- Stronger development and embedding the practice approach is needed to fully realise strengths-based practice and 'bring to life' the ambitions of the practice framework.
- Inconsistency of approach, availability and inequity in the care market limits the choice and control for people.
- The Making it Real board provides a solid foundation to move co-production from the table to the real world. The organisation needs to ensure all of this great work is embedded.

Quality Statement One: Assessing needs.

Assessment, Care Planning and Review Arrangements

It is clear from what was observed, read and heard by the Peer Team, that there is a strong and well understood strategic framework that underpins all the key areas of work across the Council. The '*Powering Our Future Programme*' is based around five key missions: Colleagues, Communities, Partnerships, Transformation and Regeneration. Since July 2023, there has been refined focus on the programme to ensure it addresses the financial challenges and opportunities, as a Borough, whilst improving outcomes for communities, including '*opportunities to build brighter futures for the communities of Stockton on Tees and reduce inequality*'. In addition to this, an acknowledgment of '*carefully managing the council's resources, creating a new relationship with communities, while providing efficient services that are valued by customers.*'

The Adult Social Care Strategy 2021 -2025 identifies 4 key priorities:

1. *To provide support to people 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.*

The peer team observed that these priorities were '*present and understood*' in the staff we met across the service at most levels. Staff talked passionately about the need for timeliness and responsiveness in their approaches and expressed a high level of pride in working for the Council in Stockton on Tees. There was a tangible sense of a '*Team Stockton*' philosophy and value base that was demonstrated by statements, "*I'm proud of the difference we make!*" and "*the services here would be definitely good for my family when or if the time comes*". Staff talked openly about their pride in being able to promote independence with a focus on reducing traditional forms of care and support. Recorded information within the case files observed a strong sense of the person and what was important to them. There were high levels of sensitivity and empathy demonstrated throughout with some excellent narrative clearly capturing care and support needs using the person's words as strong references to what mattered to them at the time.

There was also a good understanding of the Care Act (2014) and in particular the 'Wellbeing' principle. A clear understanding of rights-based practice was observed across all files seen of the legal framework of the Mental Capacity Act (2005) and how 'best interest' decision making is being taken. It should also be noted that both within case file recording observed and in discussions with the teams, staff spoke passionately about the advantages of multi-disciplinary working and close working relationships both within and across other organisations in finding good outcomes for the public.

Staff interviewed were keen to tell us how their legal literacy underpinned the work they were carrying out with the public, in terms of rights based social care, and using these frameworks to support people with choice and control, which included keeping people safe. This was triangulated from the case audits carried out, that showed understanding of legally defensible decision making and upholding people's rights, particularly from the mental capacity assessments and best interest records seen. However, the peer team felt that mental capacity recording could be clearer to show practitioner thinking and how decisions have been arrived at.

Advocacy and the voice of the resident

Stockton on Tees Council commission People First as its Advocacy Provider with the majority of referrals to this service (470 in 2023/24) for Relevant Person's Representative in relation to deprivation of liberty. The peer team observed both from the case file audit and talking to experts by experience that the voice of the person and the carer was apparent throughout and there was sound evidence of working with the persons wishes, feelings and what's important to them. Our meetings with Safeguarding Practitioners, Approved Mental Health Professionals and Best Interest Assessors was made clear to us that the role of independent advocacy, as outlined in legislation (IMCA's, IMHA's etc) was central to practice and 'business as usual'. This professional group sited good availability of Advocates in the system and a clear promotion of the role of advocacy. In addition to this the peer team observed and heard clear evidence of advocacy within the day service visit. The voice of the service user was evident in the range of sessions/activities that are organised, with regular newsletters stating what service users felt about attending the service.

The Peer Team also observed strong advocacy principles in the meetings with housing colleagues. Messages came across as "*never giving up*" on people despite struggling to maintain accommodation options or failing accommodation attempts.

The Council was described by advocacy providers and partners as "*forward thinking*", "*want to do well*" and "*really interested compared to other local authorities*". Advocacy

is seen as part of the solution. They cited good relationships between the advocacy agency and the council and that there was good professional dialogue. However, the Peer Team did hear that there was felt to be a disconnect between advocacy providers and the Making it Real board. They had not been invited to be part of the board and felt they could make a positive contribution. Finally, the peer team were also impressed by the new Care Act pilot and the restructured Care Act assessment form. The use of “I” statements and placing the service user voice at the centre of the assessment process is a strong indication of Stockton On Tees Borough Council’s commitment to ensure advocacy is strong here.

Timeliness of assessments, care planning & reviews

The latest performance information was provided on day one for the peer view visit, and it was clear from the information provided that overall waiting times for assessment were very low across all of the services within Adult Social Care. (90.6% of assessments are completed within 28 days). The largest delays were within the ‘front door’ service with 42 people waiting for transfer to other teams and 26 people waiting for Mental Health services. All of these delays were within a 28-day timescale and staff were able to demonstrate their approach to managing risk using a RAG based risk system of contacting every resident each week to establish if circumstances have changed. There was a good approach to ‘*waiting well*’ principles, but the Peer Team felt that further understanding of this would enhance the outcomes for residents, particularly within the weekly contact checks made to people.

Most impressively were the very short timescales for Deprivation of Liberty Safeguards with all formal applications and authorisations completed within statutory timescales and the organisation performing in the top quartile 25% nationally. (11 days compared to the average of 156 days across the country). In addition, minor aids and adaptations in the home, such as stair lifts, shower pods and ramps operate to timescales within ten weeks from point of contact to installation, demonstrating a real tangible positive impact on people’s promotion of their independence and least use of more traditional

forms of care and support.

Care and Support Pathways

The peer team were able to interview staff from safeguarding teams, locality teams, learning disabilities teams, hospital teams, Multi-disciplinary Service, Reablement, transitions and Community Occupational Therapists, and felt there are impressive integrated pathways out of hospital which achieve good outcomes for people resulting in few delays.

The peer team did observe that there were numerous small teams under the banner of Early Intervention and Prevention services and felt that there were areas of crossover and some duplication of task and function. This was particularly observed in talking to staff who were often describing very similar functions of early intervention and reablement. In talking with users of the service, it was clear that people described a difficulty in finding information about Adult Social Care in the first instance and then upon making contact with the service having to tell their story multiple times with a number of hand-off points cited as a frustration and limiting their sense of being listened to.

Redeveloping the Early Intervention and Prevention element of the service should be seen as a priority in order to promote the vision and principles of the council and the Adult Social Care Strategy key principles.

The peer team did identify some delays for transfers of care from within the in-house reablement team for people who had received support and who were waiting for care and support to commence at their home. Some of these delays were reported to be as high as 6 weeks beyond the support and therefore the peer team are of the opinion that it is very important that senior leadership and managers are totally clear of all delays in the system and can articulate this well within the self-assessment.

Quality Assurance

The peer team observed a well-established role and function of the Principal Social Worker (PSW). The post holder demonstrated a passion for good quality person-

centred care and support and staff described how they valued the visibility and strong day-to-day connections that was available to them as practitioners and managers. The PSW has been a key facilitator for co-producing the Adult Social Care Workforce Development Plan 2024-26, which staff referred to and talked about and also how they valued the PSW taking time to meet all new starters, having a strong focus on their continuing professional development.

There is strong focus on quality with the newly developed Adult Social Care Practice Framework, which is a good start, but the peer team felt there was limited evidence of strengths-based practice throughout case recording with some of the case file recording observed as deficit focused. Whilst there was a strong use of statutory services, there was limited reference to the individual strengths or the Voluntary Community and Social Enterprise Sector (VCSE) / community / network support.

The peer team would recommend that the ambitions of the Practice Framework need to set out a much more clearly defined set of principles of strengths-based working and how this is nuanced and different from 'person-centred' support. Referencing the work of 'Think Local Act Personal' (TLAP) and Making it Real 'I' and 'We' statements will bring about specific principles that should underpin and help to benchmark practice, along with examples of what good looks like and how this is seen in practice. This should be followed with some clearer defined strengths-based practice development opportunities that encapsulate the true definition of strengths-based practice and support staff in understanding the difference.

It was noted by the peer team that the joint reflective peer practice forums have been well received by staff across the organisation. Staff and other key stakeholders have equally been very complimentary about the internal quality assurance processes by the PSW and Lead Occupational Therapist (LOT)), and staff interviewed were very positive about learning and development opportunities across the workforce.

A Quality and Workforce Development team were set up in 2023 focusing on training compliance and needs and to ensure mandatory compliance is met for staff in key

areas of knowledge such as Safeguarding and legal literacy.

Workforce of Adult Social Care

The workforce of operational adult social care is delivered across 21 teams, offering a range of support and specialist intervention, including community-based day options and a dedicated short breaks service for adults with an identified learning disability. This workforce totals approximately 482 staff including commissioners as well as managers and leaders, made up as 87.3% female and 12.6% male staff. The current workforce over 55 years old is 30% and under 25 years old is just 8%. Currently, vacancies are very low across all areas of the service.

Whilst the peer team could see the newly developed workforce strategy 2024–26, and could see the ‘golden thread’ of the vision of the council and its operational strategies, the team felt more is needed about the tangible actions that will support a ‘shift’ of the age profile of the workforce. “*Stockton is somewhere where we come and stay!*” was a typical level of narrative heard by the peer team in meeting many of the staff and this is seen by levels of long service for many. Whilst this is cause for celebration and clear demonstration of the value that staff feel about working for the council, consideration should be given as to how new recruitment will be formed strategically via innovative approaches to recruitment and specific targeting of key positions that are often difficult to recruit to such as Occupational Therapists and Social Workers. Building an articulate career progression pathway in partnership with key stakeholders across the local NHS, Independent Care and Voluntary sector will support this.

Quality Statement Two: Supporting people to live healthier lives.

Wellbeing Principle

As read within the Self-Assessment, Stockton on Tees has one of the largest gaps in England for life expectancy and healthy life expectancy between the poorest and most affluent areas. It ranks 113 out of 317 local authorities in England in the Index of Multiple Deprivation.

The current Health and Wellbeing Strategy 2019-2023 is being refreshed and co-produced by partners and key stakeholders. Its key messages have a strong well-being principle throughout:

- *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*

The peer team observed strong messages of 'wellbeing' and the wellbeing principle within the council and adult social care, and it was clear from what was heard from most of the people met over the 3 days that the peer team were on site that the 'Wellbeing' principle and 'good health' is at the heart of what all practitioners are saying and carrying out in their daily practice, fundamentally demonstrating a real commitment to the principle of 'wellbeing as set out within the Care Act (2014).

Carers

As referenced within the Self-Assessment the 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. At the point of this transfer there were 103 carers registered with the service. In 2024, this is now recorded at 2436 which is seen as an estimated support to 12% of the unpaid carer's population in the Borough. 100% of carers receiving a service have a direct payment compared to the England average of 76.8%. Whilst support can vary from advice, support and signposting, there are others who have a range of practical levels of support such as the 'Time Out' service which offers up to 8 hours of support per month free of charge for carers to have a break from their caring role. The peer team were very impressed by the range and quality of these services and agreed with a staff member of the carers team – *"what we do is real early intervention!"*.

Quality Statement Three: Equity in Experiences and Outcomes.

Diversity and Equity

The peer team felt that the messages and images contained with the Vision for Adult Social care were not reflective of the increasing diverse population of Stockton on Tees and the council's commitment to equality of experience not as explicit as it could have been. 'In 2021, 4.6% of Stockton on Tees residents identified their ethnic group within the "Asian, Asian British or Asian Welsh" category, up from 3.5% in 2011. The 1.1 percentage-point change was the largest increase among high-level ethnic groups in this area.' (ONS (2024)).

Staff talked very positively about "*we are all Stockton*", and that equity for people across the community and providing services is "*good enough for my family*". The sense of collaboration and working together was inclusive and felt genuine. There was no sense of oppressive practice in any of the conversations, but also, no anti-oppressive examples that came through in the discussions. Care and support providers did talk about the disparity for people with learning disabilities in access to equity in health care provision. Providers stated that there is inequality, but this picture is improving with support from the Council and in particular the commissioning team through work done by the Enhanced Health Care Team.

The training offer to providers from Stockton on Tees Borough Council has upskilled the care workforce to enable them to advocate better for the people they support, helping to remove some of the barriers to equality in health and care provision.

From a broader perspective, the Director of Public Health spoke about the refreshed Health and Wellbeing Strategy and how multi-disadvantaged communities is a focus to ensure equity of experience and outcomes. In addition to this, The '*Coalition of the Willing*' group is chaired by Director of Adult Social Services and this is providing a clear governance for system partners to come together to tackle health inequalities, system challenges and continuous improvement across the local system, which strategically will underpin future actions.

Whilst the peer team are of the opinion that the ethos and principles of equality and diversity are embedded in the customs and practice, the peer team observed it is not easy to identify the *'golden thread'* through policy and practice, and this area therefore needs to be more explicit.

Co-Production and Engagement

The 'Making it Real' Board was established in January 2024 and the peer team consider this to be an exemplar of the best examples of co-production seen within a local authority. The peer team spent time with the 'Making it Real' board members and were impressed by the tangible difference the board is making in terms of an authentic forward-thinking foundation of co-production, rather than engagement.

The peer team heard of the excellent examples of involvement at many levels of the organisation in its design and shaping. We heard powerful messages that were impactful. *'really honest conversations', "citizens doing what citizens want to hear", "If co-production isn't messy, you're not doing it right!"*.

It was felt widely across the Peer Team that this needs to continue to develop and should be more widely shared as a model of good practice for other local authorities to follow.

Theme 2: Providing Support

This relates to market shaping, commissioning, workforce capacity and capability, integration, and partnership working.

Strengths

- Evidence of data and research being used to inform strategic transformation. e.g. Improving quality in care homes.
- Efforts to include the voice of people are underway with the Making it Real board, examples of experts by experience being involved in commissioning

new services including evaluating a tender for a day opportunity.

- There are a range of day opportunities services that enable people to live good lives at home e.g. (Wag and company) and the STEPS service connecting people to the VCSE.
- Investment in the provider workforce supports better outcomes for people.
- There is evidence of good working relationships across the system to enable good outcomes for people – e.g. Hospital discharge and the Integrated Single Point of Access (ISPA).
- Reablement outcomes are very good, with a high number of people not requiring a long-term package of care after six weeks.

Considerations

- Consideration of post hospital offer, intermediate care - is it reaching enough people, is the estate working?
- There needs to be a consistent approach to relationships with providers, including quality framework, future opportunities and some specific issues about payments.
- Increase focus on early intervention to prevent unnecessary admissions or interventions.
- There's a need to improve the housing offer and more long-term planning, based on population need.
- Improve integrated working across the system for those people that need a higher level of support.

Quality Statement Four: Care Provision, Integration, and Continuity

The peer team agreed with the findings of the Council's Self-Assessment with regards to commissioning activity and the 'golden thread' messages from '*Powering Our Future*' and supported from within the *Adult Strategy 2021-25*, the Health and Wellbeing Strategy (due for publication August 2024) and the newly refreshed *Market Position Statement 2023-26*.

It is clear from the information the peer team read and then triangulated with what we observed and heard, that these strategies were formed from feedback with partners and key stakeholders. The level of care provider and stakeholder engagement was very impressive, with a number of engagement and collaborative developments, that have served to redesign and recommission some key contracts, as well as the development of Tees Complex Care and Support framework, and the formation of a leadership and peer support network, which is enabling the sharing of good practice, leadership development and partnership working across providers.

The Council spends £55.9m per annum on its commissioned Adult Social Care services (2021 data), including its in-house services. £32.5m of this is spent on the provision for residential/nursing care for all adults and older people, including those with a learning disability and mental health, with £14.1m being spent on care and support at home services.

The peer team heard that 70% of all mental health placements were made out of the area but could not see a clear plan or proposal to address this and stimulate local market development. The peer team wanted to understand and see evidence of market development either in the VCSE preventative space or in gaps like mental health supported living issues and could not see explicit information on any work that is able to project need into the future, alongside a sufficient understanding of gaps as part of a commissioning strategy. Whilst it is fully acknowledged and understood that developing a more aligned housing and support strategy as part of '*Powering Our*

Future, we would recommend a much clearer acknowledgment of the issue within the Self-Assessment and a clear plan to be set out as part of this.

Understanding and management of the market and quality assurance

Stockton on Tees care and support provision has an above average percentage of care homes rated at 'Good' or 'Outstanding', with the England average being 75.7% and the council's overall regulated providers recorded at 77.8%. Split down, this identifies Care at Home services rated 84% at 'Good', with 3% 'Outstanding' and for Care Homes rated at 78% 'Good' with 6% 'Outstanding'. However, it was noted that whilst this is an overall higher than average rating for good or outstanding, there remains to be 16% of care homes with a rating of 'Requires Improvement' and 10% of care at home providers with a rating of 'Requires Improvement.'

Whilst acknowledging there are areas across the care market of excellent provider quality, the peer team felt the work with the provider assessment and market management solution (PAMMS) needed greater evidence of its impact as a quality framework, that would provide assurance as to the performance, legal compliance, risk and quality of providers. Some providers told us that they had not had a quality assurance visit, and that they felt strongly this would support them to be cognisant of their assurance and governance.

The peer team would therefore recommend being clearer as to how market quality and intelligence is being monitored and used across commissioning and in particular clear plans as to how the gap in quality will be reduced. This should also be reflected in the self-assessment.

In-house provider services

The following are regulated services and their most recent CQC inspection outcomes:

- Rosedale Centre – CQC Rating - Good
- Oak Road Residential Care Home – CQC Rating - Good
- Lanark Close Short Breaks Service – CQC Rating - Good
- Stockton-on-Tees Shared Lives Service – CQC Rating - Good
- One Call – CQC Rating - Good

The following are Non-Regulated Day Services:

- Halcyon Centre and Livewell Hub
- Allensway Day Options
- Community Day Options
- STEPS Community Bridge Building

The peer team were very impressed by the in-house quality of services to residents, and feedback from people with lived experience demonstrated the commitment of the Council to support good outcomes.

Making it Real and Engagement

As referenced in section 1, the role of the Making it Real board is really important for the Council's commissioning intentions. It is clear that this is an example of 'true co-production, rather than consultation or *'tokenistic engagement'*, where the voice of people with lived experience is at the heart of the design of services. Good examples were heard where experts by experience have taken part in the tendering process for a day opportunity (Ware Street Day Services.) In addition to this there were other

examples observed where ‘*experts by experience*’ have been involved in the organisation’s planning and activity models and supported to shape the programme. The recent appointments of Lived Experience Co-ordinator and Assurance and Co-Production Manager will continue to support innovation and strong involvement at all levels in the organisation and demonstrates Stockton-on-Tees’ commitment in this in area to make a real difference.

Relationships with providers and support for them to provide continuity of care.

The peer team were very impressed by the relationships that have been built and created via the regular quarterly forums in place to ensure effective communication. *“Our shared values are ‘Respect, Responsibility and Excellence’ - “All of this is down to the transformation team – they are really supportive”* Others equally cited the role of the transformation team – *“we are research led and research leading! We really are proud to be influencing strengths-based care and support. We would not be here had it not been for Stockton on Tees Borough Council – they have been real enablers and supported us in our ‘well led’ journey!”*

It was noted however, that whilst this level of excellent feedback was strong and came across particularly from many providers, some other providers felt that there was more the Council could do in terms of recognition of achieving an ‘*outstanding*’ inspection finding from the regulator. Many providers highlighted that connections across some of the locality operational services were not as strong and could be improved, with some sense of disconnection and having to ‘chase’ for urgent reviews. The peer team would recommend having some greater operational connection in to the provider forums which would create a stronger connection and support developing more planned review functions.

The peer team also noted that the implementation of ‘minute by minute’ billing had caused charging to vary for some users of the services, and providers were often left

to try to support and explain to people, which was causing some frustration. This was revoked in August 2023 following engagement with providers.

Hospital Discharge

The Self-Assessment identifies Stockton on Tees improving performance for those people remaining at home 91 days following discharge from hospital or reablement services. This is 94% and is higher than the England average at 82.4%, which is impressive.

Aligning funding from the Better Care Fund and Adult Social Care Discharge to Assess fund, is demonstrating some good outcomes to support hospital discharge and people remaining living at home in the community. The Integrated Single Point of Access was seen and observed as a well-functioning integrated space for staff to ensure the person is central to the assessment and plans of support around them. The team told us how they are *'proud that they hear the patient's voice through everything.'*

However, it was generally observed by the peer team that there could be a greater more defined *'Home First'* model that has a stronger focus on how services can be shaped to respond quickly to avoid hospital admission, coupled with clearer and more defined pathways of reablement support and clear step-down pathways to ensure people are not delayed waiting for commissioned care at home services to commence. Some staff cited delays as long as 17 weeks for care at home services to start, following reablement, in which delays in assessment were seen as a factor in this.

Staff also described how they were working with colleagues in the acute trust in very positive ways, but hugely aware that lack of integrated systems were a factor in sharing essential Multi-Disciplinary Team (MDT) information and how 'paper-based systems' hampered efficient information sharing. The peer team would highlight the importance of a refreshed model of Home First in order to fully support the key priority 1 and 2 of the Adult Social Care Strategy (provide support to prevent, reduce or delay the need

for on-going support and maximise their independence and ensuring People can get the right level of support at the right time)

Quality Statement Five: Partnerships and Community

The peer team met colleagues from housing and could see a clear demonstration of the understanding of housing and adult social care legal frameworks and service criteria across these services. It was impressive to hear that staff were flexible in their application of service criteria and service boundaries in working together to create good outcomes for residents who would be in danger of falling through the gaps in some service provision.

However, it was felt that some of the relationships on a strategic level remain immature and require further development and shaping and would benefit from a clear housing and social care strategy to ensure those people with complex mental health and learning disability could be provided with more flexible support closer to the borough.

Relationship with Voluntary, Community and Social Enterprise Sector

Continuing the strongly observed 'golden thread' of Stockton on Tees's strategic framework 'Powering Our Future' and in particular 'Partnerships', the Peer Team observed, heard and have read very strong messages about the importance of partnerships and working together in establishing good outcomes for its residents.

As seen in the Self-Assessment, there are a number of *'resilient and established partnerships to ensure a joined up and sustained approach to prevention'*,

Key services include:

- The Multidisciplinary Service
- Integrated Single Point of Access
- Intermediate Care, adaptations and equipment
- The Livewell Dementia Hub

- Learning Disability Day Services
- Social Lights
- Community Connect
- Community Spaces
- STEPS
- The Bread-and-Butter Thing

The peer team had contact with a number of these services and could see the real benefit and impact they are making in terms of prevention and were very impressed by the quality and breadth of support they were providing. Overall, there was excellent feedback provided about relationships across the council, but some services wanted to hear more about opportunities to tender for specific services and felt '*left out*' of this.

The peer team would therefore recommend a greater level of connection across the VCSE group in particular around the area of 'prevention' and strengths-based practice, where many of these services can be leaders in this space.

Theme 3: Ensuring Safety

This area relates to Section 42 safeguarding enquiries, reviews, safe systems, and continuity of care.

Strengths

- Strong Stockton focus within TSAB, willingness to address complexity and to utilise feedback to improve.
- There is trusted and effective safeguarding partnership working across SBC and the wider system.
- A broad range of Safeguarding cross boundary training and best practice forums available for staff and providers.

- Making safeguarding personal is evidenced at all stages with high numbers of people reporting feeling safe (ASCOF)
- Strong safeguarding leadership and cross team support offer
- Robust 'checks and balances' ensuring social work and OT practice is person-centred and meets required professional standards

Considerations

- Duplicated effort in s42 enquiries can cause confusion of roles and responsibilities and challenges ability to make safeguarding personal.
- Front door is currently struggling to meet demand, truly connect people to a timely prevention offer and adds additional layers to the care journey.
- Transitions into adulthood needs to be defined, proactive and safe. Current pathway is creating "poor experiences and outcomes"
- Focus on waiting times within care pathways is needed.
- Develop a data set that enables managers and teams to drive continuous improvement and give assurance of safe systems.
- Take the opportunity to learn and improve from all sources of feedback i.e. informal complaints.

Quality Statement Six: Safe systems, Pathways, and Transitions

Teesside Safeguarding Adults Board (TSAB)

Members of the peer team met members of TSAB and a range of key leaders and stakeholders. It was clear from the open discussions that relationships are very established, and priorities are closely connected across both Community Safety and Safeguarding within the Stockton on Tees borough.

Stockton on Tees is one of four local authority members within the board, which is led by an independent chair. There are six statutory members and 23 non statutory

members, continuing the strong theme of Stockton's 'golden thread' of strong partnership working and engagement at all levels. *"The voice of Stockton is strong in the joint board"* was a statement we heard.

As seen in the Self-Assessment, data from TSAB identifies 1690 Safeguarding concerns being received in 2022/23, 10% more than the previous year, with 97% of enquiries stating that *'action was taken to mitigate risk, and it was either reduced or removed'*. Overall, there was an increase of people *'feeling safe'* at 74.1% in 2022/23, an increase from 68.3% in 2021/22.

The peer team heard about the strong assurance framework in place across the board, via the multi-agency audit programme, which is based on the learning and key themes from previous years, including learning from Safeguarding Adult Reviews and looking at themes such as professional challenge and professional curiosity. The self-assessment tool, ratified by the board, currently rates Stockton on Tees safeguarding 7 out of 8 areas rated as 'Green', backed up by the data above. Other assurance measures that were seen to be well established and in place were the High-Risk Adults Panel where multi-agency partners *'bring skills and knowledge to share ideas and views of how best to support the adult their family and wider community from abuse and/or neglect'*.

The peer team also heard about the broad range of Safeguarding cross boundary training via the *'Me Learning'* platform available for staff and providers and were impressed by its relevant themes, covering legal literacy, Trauma training, Making Safeguarding Personal, S42 Enquiries, Criminal and Sexual Exploitation, and Modern Slavery.

Preparing for Adulthood

The Peer team read and noted that work is underway within the *'Powering Our Futures'* Programme, regarding the challenges identified in supporting children with disabilities and those with special education needs and disabilities as they become young adults. Our findings, from what we observed and heard, were that young people and their families were often experiencing poor outcomes due to lack of joined up and connected

pathways. “we need a whole life approach to working with young people” was a quote from a member of staff.

Whilst the peer team can see the strong intention from the council across both SEND, Children’s services and Adult Social Care, it felt that there needs to a much more clearly defined ‘*Preparing for Adulthood*’ strategy, which could take the excellent philosophy and values driven approach with Stockton on Tees of co-production and partnership working to produce this strategy and operational pathway, developed jointly across all parts of the council. This should therefore be seen as a priority and placed with the areas of consideration and development with the Self-Assessment.

Quality Statement Seven: Safeguarding

The Peer team met the Adult Safeguarding team which manages and progresses section 42 enquiries, working directly with people to keep them safe from neglect, harm or abuse. There was a clear understanding and awareness of risk across the team and this could be seen by the systems in place for addressing concerns and actions to mitigate identified risk. There are no delays present for Section 42 enquiries. However, there were some mixed views described by staff across the service about practice responsibilities undertaking section 42 enquiries and we heard that the safeguarding operational pathway is sometimes unclear with duplication of work and multiple hand-offs. Further consideration should be given to the clarity of this, particularly within the development of the ‘front door’ and how and where safeguarding should position itself in this space.

Making Safeguarding Personal

It was clear from the discussions, that the team have an excellent understanding of the principles of ‘*Making Safeguarding Personal*’ and have a robust understanding of the legal frameworks of the Care Act and the Mental Capacity Act. It was noted that the Adult Safeguarding Team have been nominated for the Stockton on Tees Adult Social Care Team of the Year Social Work Awards 2024 ‘*in recognition of its focus on Making*

Safeguarding Personal, partnership working and the positive outcomes for the people it has worked with’.

From what was observed and heard, there is a good level of safety in the system, with some excellent daily, weekly and monthly partnership meetings in place and established. The Peer Team heard from staff how proud they are to work within the team, with a particular focus around *‘the voice of the person, team working, management availability, networking across the system, culture and openness, learning, and response times’.*

Theme 4: Leadership

This relates to strategic planning, learning, improvement, innovation, governance, management, and sustainability.

Strengths

- Dedicated workforce supported by strong and visible leadership *“I work for the best Teesside Council”*
- Evidence of some excellent partnership working e.g. across Health systems, Healthwatch and Advocacy services – “progressive very forward-thinking LA”
- Increased scrutiny and forward planning being applied to the financial position
- Focus on staff development enabling progression
- Leadership committed to co-production. ‘Making it Real’ Board strong example
- ‘Powering Our Future’ setting a strong strategic vision for the area

Considerations

- Planning for workforce sustainability – lots of long service employees and competition in the locality for some work (care staff)
- Opportunities to consider charging for some services that are currently

provided free of charge

- Strategic leadership across the area of transitions needs strengthening, including stronger forecast of the financial implications
- Continue to promote Stockton ‘the place’ in a large ICB footprint.
- Develop a single system story from the data - be clear about “unmonitored waiting times”

Quality Statement Eight: Governance, Management, and Sustainability

The peer team observed there are clear and effective governance, management and accountability arrangements at all levels within the local authority. These provide visibility and assurance on:

- delivery of Care Act duties
- quality and sustainability and risks to delivery
- people’s care and support experiences and outcomes

The local authority uses information about risks, performance, inequalities and outcomes to inform its adult social care strategy and plans, how it allocates its resources, and how it delivers the actions needed to improve care and support outcomes for people and local communities.

There is an articulate, visible and highly respected senior team in place, supported by the Cabinet Member for Adult Social Care, who all understand the strategic priorities for the service and have demonstrated an impressive number of transformational developments over the previous two years. Both the Chief Executive and Director of Adult Social Services are very visible and work hard to engage and listen to staff with good connections in place. *“I live and work here”, “We are a listening organisation”, “We can get access to the ‘top management’ - we can be heard!”, “Our seniors are very supportive!” “We like the ‘Mike Live’ sessions – they are really valuable!”*

As previously referenced throughout this report, Stockton on Tees has strong

partnership working across the organisation at all levels, and this was seen both set out within the framework of the Self-Assessment and then seen and heard from many stakeholders. NHS partners were overwhelmingly positive about working with Adult Social Care and talked about how this benefits key contracts and a “*focussed effort to improve*” and discussions that were “*open minded*” as strong motivators to making change happen. Given the size and scale of the Northeast and North Cumbria Integrated Care System and the Tees Valley Integrated Care Partnership, the peer team would want to highlight the importance of continuing to promote Stockton on Tees ‘*the place*’ to ensure its voice remains present and strong for its residents within a large health and social care ‘footprint’ for the region. We were therefore impressed to see both the Director of Adult Social Services and Chief Executive chair key partnership forums (Coalition of the Willing and Team Stockton). The strong relationship with Healthwatch was also evident where there was a clear focus on collaboration and transparency with a clear joint work programme. Of particular note, the peer team observed how these partnerships have a strong connection and feedback loop with the ‘*Making It Real*’ Board indicating a real desire to hear the voice of the resident. “*The Council are not doing it because they have to - they are doing it because they want to*” (Feedback from a key stakeholder).

The peer team observed that there is strong oversight of the financial position of the service and a savings target of £1.893m for the council overall to reach a balanced budget position for 2024/25, primarily led through the work of the ‘*Powering Our Futures*’ programme. It is clear from what was observed and discussed with the leadership team that there is increased scrutiny and forward planning being applied to the financial position, but the peer team felt that there were opportunities to charge for some services that are currently provided free of charge to the public and therefore create a further income stream. In particular, the provision of carers ‘Time-Out’ service was felt to have opportunity in this area, either with a ‘standard charging model applied or ‘means tested’. This may create opportunity to broaden this for more carers going forward enabling greater sustainability of its provision and importance.

In discussions with the Performance team, it was clear that leaders and senior managers are using data well and are 'intelligence rich' in their ability to interpret the information and take management actions. However, the peer team did hear that more training was needed to develop a greater understanding and use from local Team Managers and teams in order to understand how their performance was impacting on the wider council.

We also felt there is opportunity to develop a single system story from the broader data capturing all of the service, particularly as part of a service user journey where there are currently 'unmonitored' (i.e. not within Power BI) waiting times particularly within reablement. Consideration should also be given to the synergy between performance and finance in order to tell the broader picture of the performance of the service.

Quality Statement Nine: Learning, Improvement, and Innovation.

Learning from people's feedback about their experiences of care and support, and feedback from staff and partners is embedded throughout the local authority's work which informs strategy, improvement activity and decision making at all levels. There is a strong approach to inclusion and co-production underpinned by the *Making it Real Board* in terms of shaping decision making and service development.

There is an inclusive and positive culture of continuous learning and improvement. The local authority has strong external relationships that support improvement and innovation. Staff and leaders engage with external work, including research, and embed evidence-based practice in the organisation. There are processes to ensure that learning happens when things go wrong, and from examples of good practice. Leaders encourage reflection and collective problem-solving and this approach was seen at many levels from local feedback from residents via complaints, right to through to learning from Safeguarding Adult Reviews. However, the peer team felt that more could be done around the reporting and recording of complaints whether these have been resolved through informal resolution or via the more formal complaint process.

This will enable a much richer and deeper form of feedback to the organisation that might otherwise be missed.

We saw a developing Workforce Strategy that has a good focus on staff development enabling career progression, and this was reflected in staff feedback within focus groups about development opportunities across the service. However, as highlighted previously in this report, the peer team would give question to the sustainability of the workforce over the next five years, given the significant number of staff with a long length of service, as stated in the Self-Assessment *'those staff over 55 make up 30%, estimating there will be approximately 1,700 posts reaching retirement age in the next 10 years.'* Consideration should therefore be given to the talent mapping of the future workforce and a clear understanding of what roles are likely to be needed in the future, particularly at the 'front door' and within more specialist functions. In addition to this, it should be noted that the workforce needs to reflect the wider population within its workforce. *'In 2021, 4.6% of Stockton on Tees residents identified their ethnic group within the "Asian, Asian British or Asian Welsh" category, up from 3.5% in 2011. The 1.1 percentage-point change was the largest increase among high-level ethnic groups in this area.'* (ONS (2024)) As well as targeted recruitment, further work needs to be developed to ensure the organisation and its imagery reflects the diversity of its workforce.

There are a clear set of system priorities framed well within the 'Powering Our Futures' programme that are shared by all leaders and staff across both Stockton-on-Tees Council and with their partners. People are very positive about their leaders and the support they receive. People told us that they felt valued, supported and listened to by their immediate managers. People were very positive about their experience of working in Stockton on Tees and enthusiastic about their services. There is a real and tangible sense of pride by everyone working in the organisation lead and supported by the Director of Adult Social Care and her immediate senior leadership team.

The peer team were very impressed by the positivity and enthusiasm of everyone they met within the council. and could see the tangible impact they are making on the lives of people in Stockton-On-Tess. We wish them well in their journey to becoming an “outstanding” service.

Top Tips for Assurance Preparation - for consideration

- Appoint an adult social care lead.
- Regular Political briefings.
- Secure tangible corporate support and buy-in.
- Maximise the Council's adult social care business intelligence capacity to inform the self-assessment, especially data driven evidence.
- Get health partners and integrated services leadership on board.
- Compare and learn from children's inspections.
- Gather insights from partners and providers.
- Be clear on approaches to co-production and responding to diverse needs.
- Encourage organisational self-awareness.

Lessons learned from other peer challenges.

- Councils need an authentic narrative for their adult social care service driven by data and personal experience.
- The narrative needs to be shared with those with a lived experience, carers, frontline staff, team leaders, middle managers, senior staff, corporate centre, politicians, partners in health, third sector and elsewhere.
- Ideally this story is told consistently and is supported by data and personal experience - don't hide poor services.
- This will probably take the form of:

- What are staff proud to deliver, and what outcomes can they point to?
- What needs to improve?
- What are the plans to improve services?
- In the preparation phases, consider putting it on all team agendas **asking staff what they do well**, what's not so good and to comment on the plans to improve. Collate the information from this process and add to the self-assessment. Ensure the self-assessment is a living document that is regularly updated.
- Immediately prior to CQC arriving, ask staff what they are going to tell the regulator. **How is their experience rooted in observable data** and adds to the overall departmental narrative? These stories drive the understanding of yourselves and others.
- The regulator is interested in outcomes and impact from activity. The self-assessment needs to reflect this as do other documents.
- **The conversation with the regulator is not therapy!** For those interviewed it should be a description of what they do and the impact they have had in people's lives. Case examples written in the authentic voice of those with a lived experience bring this alive.

Immediate Next Steps

We appreciate the senior political and managerial leadership will want to reflect on these findings and suggestions to determine how the organisation wishes to take things forward.

Whilst it is not mandatory for the Council to publish their report, we encourage Council's to do so in the interests of transparency and supporting improvement in the wider sector. The LGA would like to publish this Preparation for Assurance Peer Challenge Report on the Association's website but will only do so once we have been

advised that it has been put in the public domain by the Council through its own internal governance processes.

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice, and guidance on several the areas for development and improvement and we would be happy to discuss this.

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In the meantime, we are keen to continue the relationship we have formed with the Council throughout the peer challenge. We will endeavour to provide signposting to examples of practice and further information and guidance about the issues we have raised in this report to help inform ongoing consideration.

Contact Details

For more information about the Adult Social Care Preparation for Assurance Peer Challenge at Stockton-on-Tees Borough Council please contact:

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For more information on the programme of adults peer challenges and the work of the Local Government Association please see our website: [Adult social care peer challenges | Local Government Association](#)

Adult Social Care and Health Select Committee
Review of Reablement Service
Outline Scope

Scrutiny Chair (Project Director): Cllr Marc Besford	Contact details: marc.besford@stockton.gov.uk
Scrutiny Officer (Project Manager): Gary Woods	Contact details: gary.woods@stockton.gov.uk 01642 526187
Departmental Link Officer: Rob Papworth (SBC Strategic Development Manager (Adults & Health))	Contact details: rob.papworth@stockton.gov.uk
Which of our strategic corporate objectives does this topic address?	
<p>The review will contribute to the following Council Plan 2023-2026 key objectives (and associated 2023-2024 priorities):</p> <p><i>A place where people are healthy, safe and protected from harm</i></p> <ul style="list-style-type: none"> • Support people to remain safely and independently in their homes for as long as possible and offer help to people who are feeling lonely. • Engage with individuals, families, carers and communities when developing adult social care support and continue to collaborate with the NHS to ensure health and care services work effectively together. 	
What are the main issues and overall aim of this review?	
<p>‘Reablement’ is a short period of rehabilitation which usually takes place in a person’s own home.</p> <p>National evidence suggests that supporting early and safe discharge from hospital into a reablement-type service delivers better outcomes for individuals when compared to longer periods of hospitalisation or immediate transfer into care at home. It is also cost-effective for health and adult social care services, both reducing pressure on bed-capacity in hospitals and the need for large packages of ongoing community or residential or nursing care. Research has continued to evidence that most people prefer to remain in their own homes and communities.</p> <p>Locally, the Reablement Service provides support for people with poor physical or mental health to help them manage their illness / condition by learning or re-learning the skills necessary for daily living (so that they can remain in the community). The service seeks to ensure that people can maximise their independence when they need it – this can include both ‘step-up’ care (escalation of need for people already supported to live independently) as well as ‘step-down’ (to avoid hospital admission or ensure safe discharges). It also promotes and supports people to be more independent and reduce the need for long-term service provision for as long as possible.</p> <p>The offer is provided free (as mandated by the Care Act 2014) for the person receiving support for up to a maximum of six weeks. A person with ongoing care and support needs following this six weeks will be financially assessed for their ongoing contribution to their care.</p>	

There are a number of Stockton-on-Tees Borough Council (SBC) *Powering Our Future* (POF) projects that link to this review; 'Supporting People to Live Independently' and 'Early Intervention and Prevention'. The final report produced by the Adult Social Care and Health Select Committee will be submitted to these workstreams for their awareness.

The aim of the review is to identify whether the Reablement Service offered by the Council is:

- 1) maximising independence for people being discharged from hospital and living in the community.
- 2) reducing the need for ongoing, more intensive support in people's own homes and reducing the need for admission into 24-hour care.
- 3) working effectively with NHS provision that supports people on a reablement pathway.
- 4) using technology as effectively as possible.

The Committee will undertake the following key lines of enquiry:

Which organisations are involved in the planning and delivery of the existing local Reablement Service and what role do they play?

How much does the service cost the Council and its partners, and how is it funded? Is current funding sufficient for future projected provision?

What is the previous / current / anticipated capacity and subsequent demand for use of the service?

How is the service promoted and how do people access it / how are they identified as potentially benefitting from it?

How does the Council and the NHS monitor the impact and effectiveness of the service?

What technology is used within current service provision? What options are there to incorporate technology in future service provision?

Is there an opportunity to involve the VCSE more in the reablement pathway.

Feedback from service-users and their families / carers – how easy was it to access; did the service help an individual's independence; was Council and NHS provision provided in a seamless way?

Who will the Committee be trying to influence as part of its work?

Council, Cabinet, North East and North Cumbria Integrated Care Board (NENC ICB), local NHS Trusts, social care providers, public.

Expected duration of review and key milestones:

6 months (report to Cabinet in March 2025)

What information do we need?

Existing information (background information, existing reports, legislation, central government documents, etc.):

- Social Care Institute for Excellence (SCIE): Role and principles of reablement (<https://www.scie.org.uk/integrated-care/intermediate-care-reablement/role-and-principles-of-reablement/>)
- NHS: Care after illness or hospital discharge (reablement) (<https://www.nhs.uk/conditions/social-care-and-support-guide/care-after-a-hospital-stay/care-after-illness-or-hospital-discharge-reablement/>)

- Care Quality Commission (CQC): SBC Reablement Service (latest inspection – May 2021) (<https://api.cqc.org.uk/public/v1/reports/40ab9f3d-8d99-463f-a538-6e615a29fb73?20210521120000>)

Who can provide us with further relevant evidence? (Cabinet Member, officer, service user, general public, expert witness, etc.)

What specific areas do we want them to cover when they give evidence?

Stockton-on-Tees Borough Council

- Adults, Health and Wellbeing (Strategy and Transformation)

- Legal requirements regarding reablement
- Existing service structure, costs and funding
- Access / promotion of service and levels of demand
- Impact of service and current / future challenges
- Views on planning and delivery of existing service

- Reablement Manager and staff
- Service Managers for Reablement / Social Care Teams / Social Workers

- Role within reablement provision
- Views on existing local service / feedback received

North East and North Cumbria Integrated Care Board (NENC ICB)

- Role within reablement provision
- Partnership-working with the Council
- Views on existing local service / feedback received

Local NHS Trusts

VCSE Sector

- Potential for involvement in reablement pathway

Service-Users and Families / Carers

- Views on experience of service / ways to improve

Other Local Authority Areas

- Any alternative approaches to reablement provision

How will this information be gathered? (eg. financial baselining and analysis, benchmarking, site visits, face-to-face questioning, telephone survey, survey)

Committee meetings, reports, research, reviewing existing / seeking provider and service feedback, site visits (TBC)

Communities Powering Our Future: How will key partners and the public be involved in the review?

Committee meetings, information submissions, analysis of historical / new feedback on services.

How will the review help the Council meet the Public Sector Equality Duty?

The Public Sector Equality Duty requires that public bodies have due regard to the need to advance equality of opportunity and foster good relations between different people when carrying out their activities. This review will be mindful of these factors.

How will the review contribute towards the Joint Strategic Needs Assessment, or the implementation of the Health and Wellbeing Strategy?

Stockton Joint Strategic Needs Assessment (JSNA): Information gathered will contribute to the ongoing development of the JSNA.

Stockton-on-Tees Joint Health and Wellbeing Strategy 2019-2023: Maximising health and wellbeing.

Provide an initial view as to how this review could lead to efficiencies, improvements and / or transformation:

- Maximising independence and reduced need for more intensive support at home or within 24-hour care provision.
- The use of technology is an effective enabler for people’s independence and supports people to live their lives as independently as possible.

Project Plan

Key Task	Details/Activities	Date	Responsibility
Scoping of Review	Information gathering	June / July 2024	Scrutiny Officer Link Officer
Tri-Partite Meeting	Meeting to discuss aims and objectives of review	09.09.24	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Agree Project Plan	Scope and Project Plan agreed by Committee	17.09.24	Select Committee
Publicity of Review	Determine whether Communications Plan needed	TBC	Link Officer, Scrutiny Officer
Obtaining Evidence		22.10.24 19.11.24 17.12.24	Select Committee
Members decide recommendations and findings	Review summary of findings and formulate draft recommendations	21.01.25	Select Committee
Circulate Draft Report to Stakeholders	Circulation of Report	February 2025	Scrutiny Officer
Tri-Partite Meeting	Meeting to discuss findings of review and draft recommendations	TBC	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Final Agreement of Report	Approval of final report by Committee	18.02.25	Select Committee, Cabinet Member, Director
Consideration of Report by Executive Scrutiny Committee	Consideration of report	[18.03.25]	Executive Scrutiny Committee
Report to Cabinet / Approving Body	Presentation of final report with recommendations for approval to Cabinet	13.03.25	Cabinet / Approving Body

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 / Rob Papworth / Natalie Shaw
23 July	Monitoring: Action Plan – Access to GPs and Primary Medical Care PAMMS Annual Report (Care Homes): 2023-2024 CQC / PAMMS Quarterly Update: Q1 2024-2025	Sarah Bowman-Abouna / Emma Joyeux Kerry Anderson Kerry Anderson
17 September	Healthwatch Stockton-on-Tees: Annual Report 2023-2024 SBC Community Spaces LGA Assurance Peer Challenge Update Review of Reablement Service <ul style="list-style-type: none"> • (Draft) Scope and Plan 	Natasha Douglas Haleem Ghafoor / Rebecca Saunders-Thompson Rob Papworth / Natalie Shaw Rob Papworth
22 October	Review of Reablement Service <ul style="list-style-type: none"> • TBC 	

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

Date (4.00pm unless stated)	Topic	Attendance
	Making it Real Board – Update (TBC) Regional / Tees Valley Health Scrutiny Update Minutes of the Health and Wellbeing Board (May, June & July 2024)	
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 Review of Reablement Service <ul style="list-style-type: none"> • TBC 	
17 December	Review of Reablement Service <ul style="list-style-type: none"> • TBC 	
21 January 2025	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2023-2024 (TBC) Review of Reablement Service <ul style="list-style-type: none"> • TBC Regional / Tees Valley Health Scrutiny Update	
18 February	Overview Report: SBC Adults, Health and Wellbeing (TBC) CQC / PAMMS Quarterly Update: Q3 2024-2025 Review of Reablement Service <ul style="list-style-type: none"> • TBC 	
18 March	North Tees and Hartlepool NHS Foundation Trust (NTHFT): Quality Account 2024-2025 (TBC) Review of Reablement Service <ul style="list-style-type: none"> • TBC 	

2024-2025 Scrutiny Reviews

- Reablement Service

Monitoring Items

- Care at Home (Progress Update) – TBC (late-2024)
- Access to GPs and Primary Medical Care (Progress Update) – TBC (mid-2025)

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

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)

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