

Date: Tuesday 22 October 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 17 September 2024. (Pages 9 - 16)
- 5 Scrutiny Review of Reablement Service**
To consider information from the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing directorate in relation to this scrutiny topic. (Pages 17 - 36)
- 6 Regional Health Scrutiny Update** (Pages 37 - 82)
- 7 Health and Wellbeing Board - Forward Plan (September 2024) & Previous Minutes (May, June and July 2024)** (Pages 83 - 98)
- 8 Chair's Update and Select Committee Work Programme 2024-2025** (Pages 99 - 102)

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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ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

A meeting of Adult Social Care and Health Select Committee was held on Tuesday 17 September 2024.

Present: Cllr Marc Besford (Chair), Cllr Nathan Gale (Vice-Chair), Cllr Stefan Barnes, Cllr Carol Clark, Cllr Lynn Hall, Cllr Hilary Vickers (sub for Cllr John Coulson), Cllr Marcus Vickers (sub for Cllr Vanessa Sewell).

Officers: Haleem Ghafoor, Carolyn Nice, Rob Papworth, Rebecca Saunders-Thompson (A,H&W); Gary Woods (CS).

Also in attendance: Cllr Pauline Beall (SBC Cabinet Member for Adult Social Care); Natasha Douglas (Healthwatch Stockton-on-Tees).

Apologies: Cllr John Coulson, Cllr Ray Godwin, Cllr Vanessa Sewell.

ASCH/25/24 Evacuation Procedure

The evacuation procedure was noted.

ASCH/26/24 Declarations of Interest

There were no interests declared.

ASCH/27/24 Minutes

Consideration was given to the minutes from the Committee meeting held on 23 July 2024.

AGREED that the minutes of the meeting on 23 July 2024 be approved as a correct record and signed by the Chair.

ASCH/28/24 Healthwatch Stockton-on-Tees - Annual Report 2023-2024

The Committee considered the Healthwatch Stockton-on-Tees – Annual Report 2023-2024. Local Healthwatch organisations are required to produce an Annual Report setting out their aims and achievements, and this latest document, an overview of which was given by the Healthwatch Stockton-on-Tees Project Lead who was in attendance, included the following:

- Message from our Chair
- About us
- Year in review
- How we've made a difference this year
- Your voice heard at a wider level
- Hearing from all communities
- Advice and information
- Volunteering
- Finance and future priorities
- Statutory statements

Attention was initially drawn to the 'Year in review' section which summarised the organisation's engagement with local people regarding health and social care matters. The publication of nine reports, containing a total of 47 recommendations, during the course of 2023-2024 was also highlighted (the most popular being the views and experiences of people accessing or requiring ADHD support services), as was the collation and sharing of four 'Word on the Street' reports which provided partners with timely feedback on intelligence received.

A summary of how Healthwatch Stockton-on-Tees had made a difference throughout the year was outlined. Notable work involved the continued development of the Community Representatives network (including two non-voting seats on the Healthwatch Stockton-on-Tees Board and an ongoing endeavour to ensure the right people were 'around the table'), the continued delivery of the coffee morning programme (promoting inclusion and reach), further development of the Youthwatch initiative (engaging with young people to gather their views on health services), and the completion of 'enter and view' visits to the Borough's pharmacies. In addition, one of the most challenging pieces of work undertaken was the engagement with people accessing drug and alcohol services, with recommendations made to inform future delivery models.

On a wider front, collaboration with other Healthwatch functions across the region to influence decisions made at a North East and North Cumbria Integrated Care System (ICS) level had resulted in reviews around support for family, carers and older people with a learning disability (aged 40+), and in relation to NHS dentistry services. Work on the latter topic sought to make meaningful recommendations that would immediately impact the existing offer (not just consider recovery plans over a longer period), with the final report due to be published in September 2024.

The top three priorities for the 2024-2025 year were noted, namely to focus on tackling health inequalities (particularly the migrant community), to continue to develop engagement with young people, and to work across the Tees Valley to raise awareness and provide feedback in response to the local hospital group model of working. Recent facilitation of an anonymous survey to understand experiences and expectations of the broad range of North East Ambulance Service NHS Foundation Trust (NEAS) was also highlighted.

Praising Healthwatch Stockton-on-Tees for the content and layout of its latest Annual Report, the Committee began by expressing its thanks for the organisation's contribution to its recent review of Access to GPs and Primary Medical Care, as well as the subsequent publication of the '*Top Tips for Accessing your GP*' document (supporting one of the Committee's recommendations). Members also commended the stakeholder event which was held in February 2024 to discuss future priorities and determine the Healthwatch Stockton-on-Tees work plan for 2024-2025.

Reflecting on the work undertaken by Healthwatch Stockton-on-Tees throughout 2023-2024, the Committee highlighted the importance of establishing what people expected of services (and when they expected it by), ascertaining feedback from the public / service-users and acting on it, and the value of peer support. In relation to the review of NHS dentistry, Members asked if there was any Borough-specific data to share as the state of NHS dental provision locally may be different to other parts of the region. It was reported that dentistry was one of the main issues that Healthwatch

Stockton-on-Tees was contacted about, with further work at a local level planned as there was a clear need for an open, honest conversation around dental contracts.

Reference was made to the 'Word on the Street' reports which Members felt were aptly titled and something that local people could easily tap into. The Committee was informed that these reports were not yet publicly accessible as it was the first year of production and Healthwatch Stockton-on-Tees wanted to determine how useful they would be. Internal discussions would take place around making them available to a wider audience.

The Committee concluded its questions by querying whether a mechanism was in place to monitor progress on the recommendations made within a Healthwatch Stockton-on-Tees report. Members were informed that relevant providers had to respond within 20 days of receiving a report, and that, moving forward, consideration was being given to re-visiting services which had been previously reviewed to see how / if recommended changes had been made (though this would involve lighter-touch engagement).

AGREED that the Healthwatch Stockton-on-Tees – Annual Report 2023-2024 be noted.

ASCH/29/24 SBC Community Spaces

Following a commitment made to the Stockton-on-Tees Borough Council (SBC) Executive Scrutiny Committee in January 2024 to bring a report to a future SBC Adult Social Care and Health Select Committee meeting, consideration was given to an update on the SBC Community Spaces initiative. Presented by the SBC Strategic Lead – A Fairer Stockton-on-Tees & Community Engagement, and supported by a SBC Project Co-ordinator, information included:

- Background (to the scheme)
- 2024 Monitoring Evaluation and Feedback
- Case Studies – The Warm Welcome
- Community Spaces: Thank You and Network Launch Event (27 June 2024)
- Conclusion and Recommendations

With specific reference to the report's 'Executive Summary' section, an overview of the scheme (which involved almost 70 venues registered as Community Spaces, a number which included all five 'Bread and Butter Thing' hubs) and the main issues highlighted through monitoring conversations were relayed. Regarding the latter element, it was noted that the majority of the 87% of respondents to the annual monitoring process stated that they were content with the scheme and would like to remain part of it for 2024-2025.

Attention was also drawn to the June 2024 launch of the Community Spaces Network, the two key reasons why people attended the registered venues (which remained social isolation and the cost of living), the range of advice and support services (e.g. debt management, employment and training, etc.) connected to these settings, and the highly regarded Winter Warm Boxes. The successful development of the 'Warm Welcome' weekly drop-in sessions in Thornaby had prompted the creation of a similar offer in Billingham – it was hoped to roll this out to other parts of the Borough in the future.

Challenges associated with maintaining provision were raised by existing providers, principally the lack of additional funding which prevented venues from increasing / enhancing their offer. Support to access further finance was desired, with requests also made for training and development opportunities such as mental health first aid, food hygiene, and welfare and benefits guidance. In addition, it was stated that, whilst these spaces were a lifeline for some, there was a heavy reliance on volunteers.

The conclusion to the report noted that £60,000 of Public Health funding had secured the continuation of the Community Spaces initiative for 2023-2024 and 2024-2025 – this had 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 was felt imperative that Community Spaces venues were empowered to achieve this long-term sustainability by accessing wider funding and were supported with funding bid applications. To this end, a number of recommendations for the 2024-2025 period were included.

Speaking from experience of attending some of the Borough’s Community Spaces to offer assistance, Members began their response to the report by emphasising the positive environment within these venues, as well as cases where individuals paid for their own food / drink (demonstrating that the scheme was not just a ‘one-way ticket’). The idea of live music was supported, though the potential financial burden of this was acknowledged (SBC officers stated that the ongoing development of the Community Spaces Network may help in the sharing of activities (e.g. music) between venues), whilst limitations on the availability of the Winter Warm Boxes was highlighted, mainly due to the amount of new people attending these settings.

Mindful of the main reasons why individuals continued to access Community Spaces, the Committee noted that loneliness can affect people in all parts of the Borough – as such, provision in every Ward within Stockton-on-Tees would be welcomed (SBC officers subsequently notified Members of a recent expression of interest to provide a venue in one of the four Wards that did not currently have such a space). The Committee also expressed concern that further pressure would be put on this initiative as a result of the recent national decisions on winter fuel allowance payments.

SBC officers were thanked for presenting the update to the Committee, with all those involved in the initiative commended for the work which had gone into it.

AGREED that the SBC Community Spaces Annual Evaluation report be noted.

ASCH/30/24 SBC LGA Assurance Peer Challenge Update

Further to a briefing the Committee received in June 2024 outlining Stockton-on-Tees Borough Council (SBC) preparations for the anticipated assessment of its adult social care services, Members were provided with feedback on the Council’s involvement in a recent Local Government Association (LGA) Assurance Peer Challenge (undertaken ahead of the forthcoming Care Quality Commission (CQC) inspection). Presented by the SBC Director of Adults, Health and Wellbeing, and supported by the SBC Cabinet Member for Adult Social Care, key information included:

- This independent peer review was commissioned to assess the ability of the SBC adult social care service to deliver good care and support to people.

- An experienced LGA team conducted the review in July 2024 – this included an on-site visit and engagement with over 150 people including the Cabinet Member for Adult Social Care, Leaders, staff, partners, people with lived experience, carers and stakeholders. The three-day assessment was thorough and provided a snapshot of current practice (this included consideration of the Council’s Local Authority Information Return (LAIR), a draft of which was shared with the Committee in June 2024).
- Feedback following the review was very positive (reflected within the formal report submitted to SBC which was attached to this briefing), with some strong practice, a supportive and committed workforce, and effective leadership and partnership arrangements all identified. Opportunities for the Council to develop were also outlined – these included strengthening processes and pathways so people did not have to tell their story more than once, and addressing the multiple hand-off points that the existing ‘front door’ to services currently had. Other elements for improvement involved better integrated working for those requiring a higher level of support, strategic leadership around transitions from children’s to adult services, housing, and workforce sustainability.
- A number of ‘next steps’ following the peer review were outlined – these included the re-instatement of the CQC Programme Steering Group which would provide assurance oversight and monitor progress against the Action Plan which had been updated to reflect feedback from the review. A separate six-week plan to prepare for the on-site visit had been developed to be implemented once SBC received notification from the CQC – this included key preparation activities which were being progressed with immediate effect. In addition, a communication plan was being finalised with the SBC Communications Team – this included key messaging for all stakeholders and specific support for staff which would be developed and progressed with SBC Quality Assurance and SBC Workforce Development colleagues.

Responding to the briefing, the Committee thanked all SBC staff involved in the recent LGA Assurance Peer Challenge and were pleased to see the numerous positive aspects identified by the review team. Members praised the decision to undertake such an exercise in advance of the CQCs anticipated visit later this year, and welcomed the honest, and at times blunt, final report from the LGA which had accompanied the briefing.

Whilst there was encouraging feedback about the current SBC adult social care offer, the Committee was keen on understanding how those areas which required strengthening were going to be addressed. Members stated that they were not surprised to learn of the ‘front door’ issues identified by the LGA review team and expressed concern about residents being passed from ‘pillar to post’ – indeed, it was felt that this was a Council-wide problem rather than just an Adults, Health and Wellbeing directorate one. SBC officers acknowledged that this was an area which needed attention and had already been identified as an area of focus, with work ongoing and assurances given that it would be tackled via the Council’s *Powering Our Future* initiative – a plan would be in place which was due to be shared with all relevant Committees for views.

Noting the timing of the recent SBC press release about the LGA peer review feedback (which was published prior to the Committee being able to consider its contents), Members sought further clarity around other issues with regards the time

taken to get support into people's homes following discharge from hospital, the repeated need for improvements to transitioning from children's to adult services (highlighted previously by the Committee), and the future of the workforce. Taking these in turn, SBC officers stated that the Council was looking at how it supported its Reablement Service (in terms of 'investing to save') and was using the *Powering Our Future* initiative to address transition experiences. Regarding the latter point, workforce issues were a national problem, and a recent strategy launched by Skills for Care (the strategic workforce development and planning body for adult social care in England) was attempting to address concerns – there was also a focus on succession planning for the adult social care staffing structure. Furthermore, it was felt that there was a need to keep valuing existing, experienced staff as well as attract new professionals into the sector.

The SBC Cabinet Member for Adult Social Care brought this item to a close by commenting that the peer review had been a reassuring process which reinforced the good things SBC already knew and identified elements where work was required (much of which the service was already addressing). The SBC Director of Adults, Health and Wellbeing added that there was a desire for the Committee to be assured that the Council was prepared for its inspection and were on the right track, and that SBC's inspection was expected to be in December 2024 (other Tees Valley Local Authorities were due to be visited by mid-November 2024).

AGREED that the Local Government Association Assurance Challenge and Preparation for CQC Framework Assurance update be noted.

ASCH/31/24 Scrutiny Review of Reablement Service

Consideration was given to the draft scope and project plan for the Scrutiny Review of Reablement Service, the proposed aims of which would be to identify whether the service offered by Stockton-on-Tees Borough Council (SBC) was:

- 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.

A number of contributors had been identified in relation to this scrutiny topic, including relevant teams / officers from the SBC Adults, Health and Wellbeing directorate, the North East and North Cumbria Integrated Care Board (NENC ICB), local NHS Trusts, the voluntary, community and social enterprise (VCSE) sector, and service-users and their families / carers. It was anticipated that the Committee's final report would be presented to the SBC Cabinet in March 2025.

With reference to the ongoing SBC *Powering Our Future* work which was also considering these services, Members sought confirmation that any developments would be relayed to Committee so it could factor this into its findings. SBC officers stated that the scope of the *Powering Our Future* focus around the Reablement offer would be reviewed to align with the Committee's work.

AGREED that the draft scope and project plan for the Reablement Service review be approved.

ASCH/32/24 Chair's Update and Select Committee Work Programme 2024-2025

Chair's Update

The Chair referenced a number of recent health-related developments, including:

- Winter Health Conference: This was taking place on 1 October 2024 – further details would be circulated to the Committee shortly.
- Social Care Guides for Councillors: Members were reminded of the circulation of three new short guides to help Councillors think about the unique role that they can play within the adult social care system. These guides were relevant for all Elected Members depending on their specific role (i.e. executive / scrutiny / all Councillors).
- Wellbeing Hub: Based in Wellington Square, this had now opened. Members may wish to conduct a visit at some point in the future.
- CQC Engagement: An informal meeting between the Chair and the local CQC lead inspector was held last week to discuss engagement between the regulator and the Committee. It was agreed to re-establish the annual 'State of Care' presentation, accompanied by reflections on local provision.
- Tees Valley Joint Health Scrutiny Committee: The first meeting of the 2024-2025 municipal year was scheduled to take place later this week (19 September 2024) – items included a Respite Care / Adult Learning Disability Service update, a Community Mental Health Transformation update, and a Community Diagnostic Centre update.

Work Programme 2024-2025

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 22 October 2024 and would include the first evidence-gathering session for the Reablement Service review following approval of the scope. Other agenda items would be confirmed in due course following discussion with the Committee Chair and relevant officers.

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

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Adult Social Care and Health Select Committee

22 October 2024

SCRUTINY REVIEW OF REABLEMENT SERVICE**Summary**

The first evidence-gathering session for the Committee's review of Reablement Service will consider information from the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing directorate.

Detail

1. Further to the Committee's approval of the scope and plan for the review of Reablement Service at its last meeting in September 2024, the SBC Adults, Health and Wellbeing directorate has been asked to provide an initial submission addressing the following:
 - Legal requirements regarding reablement
 - Existing service structure, costs and funding
 - Access / promotion of service and levels of demand
 - Reflection on current CQC rating and latest inspection outcomes
 - Impact of service and current / future challenges
 - Views on planning and delivery of existing service
 - Overview of recent POF-related work / outcomes
2. A presentation has been prepared and is included within these meeting papers. The SBC Strategic Development Manager (Adults & Health), accompanied by the SBC Service Manager – Integrated Early Intervention & Prevention and the SBC Integrated Interim Care Team Lead (CQC), is scheduled to be in attendance to provide an overview of the submission and respond to any comments / questions.
3. Ahead of this first evidence session, Members may wish to familiarise themselves with:
 - 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>
4. A copy of the agreed scope and plan for this review is included for information.

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Post Title: Senior Scrutiny Officer

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Reablement Service

Overview to ASH

Reablement Service

What is reablement?

- Reablement is a short-term assessment and support service that helps you to do things for yourself rather than relying on others, such as washing and getting dressed.
- The support will take place in your own home.
- The support workers work alongside the person while they regain skills and confidence so they can get back to doing things for themselves. The aim is to maximise independence supporting individuals to carry out tasks – doing tasks ‘with you’ not ‘for you’.
- Reablement is one of several short term support involving NHS and social care services. Intermediate Care is the title given to all these services.



Reablement Service

Why?

- The Council has a duty to prevent, reduce or delay needs for care and support (Care Act 2014 s2) for all adults including carers. In practice, this means early intervention to prevent deterioration and reduce dependency on support from others. Reablement is one of the ways the Council can fulfil this duty.
- The Care Act regulations requires that the Council must provide reablement support free of charge for a period of up to six weeks. This is for all adults, irrespective of whether they have eligible needs for ongoing care and support.
- Reablement may be used to support discharge from hospital, prevent readmission or enable an individual to remain living at home.

Reablement Service

Who can access the service?

- Adults aged 18 or over.
- Referral criteria – Where a need has been identified individuals will be referred following an assessment via a Health or Social care professional.
- Support can be provided free and tailored to the individual, this could be from a few days or up to a maximum of 6 weeks and is dependent on their progress. This may be available if they have reablement –
 - A temporary illness/accident
 - A crisis
 - A change in circumstance relating to the individual or their carer
 - To avoid unnecessary hospital admission

Reablement Service

How we deliver the service?

- **Team:** The Reablement team consists of A Manager, A Deputy Manager, Four Coordinators, An Assistant Coordinator, 37 support workers and 3 seniors who are all dedicated and work alongside individuals to promote their independence.
- **Visits:** 1- 4 times per day.
 - We can sign-post to other services such as welfare rights, community groups and befriending services so when an individual leaves Reablement they have a support network to help them remain at home and not feel isolated.
 - The seniors have undertaken PACE training and will assess and order low level equipment to aid independence
- **Review progress:** The seniors hold regular reviews with individuals to ensure they are on track to achieve their goals and adjust the support plan accordingly.
- **Discharge:** Discharge plans and end dates are agreed with individuals.

Reablement Service

Activity and Performance.

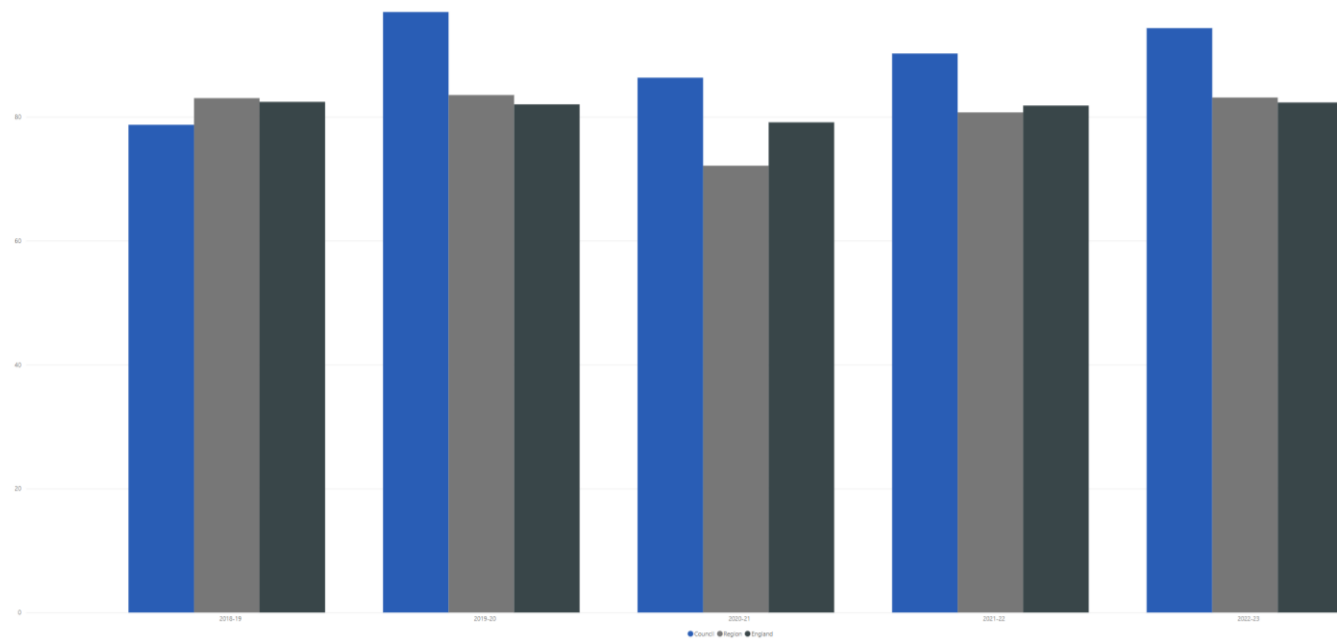


Metrics:

- Between April 2023 – March 2024 we supported 591 individuals, and of these 75.63% were independent on leaving the service.
- Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Stockton on Tees have consistently performed better than regional and national averages over the past 4 years.

Quality:

- CQC – Good (assessed May 2021 and reviewed June 2023).



Reablement Services

Activity and Performance.

Reablement Nomination 2024/25

- Reablement have successfully been shortlisted for the Regional British Care Awards
- (Northeast and Scotland) for the categories of;
 - Team Award - shortlisted down to the top 8 out of around 100 nominations, we were the only local authority provider to reach this stage
 - Newcomer to Care
 - Coordinator
 - Care Manager
- The finals will be held on 7 November 2024.

Reablement Service

Feedback about our staff

“I have been astounded by the support I received, which has been applied with compassion, understanding and gave me advice and practical guidance which made a difference to my recovery.”

“My experience of the team completely exceeded my expectations. The emotional support has allowed me to express my emotions without reservation.”

“The staff kept me focused and positive which could have otherwise felt very bleak.”

“Staff involved me in all decisions about my support “

“Every effort is taken to ensure I can manage tasks independently.”

“Staff allowed me to be as independent as possible, suggesting ways to use equipment to achieve this.”



Reablement Service

Client feedback

Reablement also supported another person who wrote; “the service is client based which is amazing, they did exactly what I required to make sure the service fitted my needs, and the senior assessed me for some equipment to help me.

The support workers were patient with me while I was relearning things which I had lost.

As I got better, my support was changed to support me with outdoor mobility.”



Reablement Service

Future

- **Demographics:** The total population in Stockton-on-Tees is 196,600 (source: ONS 2021) a rise of 2.6% since the 2011 census, however, this is lower than the overall increase for England (6.6%). The population in Stockton-on-Tees is estimated to rise to 200,444 by 2030. Population projections up to 2030 show that there will be a consistent increase in the population of people aged 65 and over in Stockton-on-Tees, in particular with people aged between 65 to 69 and 80 to 84.
- **Projected service demands:** Both the residential and nursing care population in Stockton on Tees is projected to grow by 10% over the next 5 years using data supplied by “Projecting Older People Population Information (POPPI, a system is developed by the Institute of Public Care designed to help explore the possible impact that demography and certain conditions may have on populations aged 65 and over.) Our local market assessment for residential provision, indicates growth will be significantly lower, however, acuity, length of stay and use of short term assessment beds to support hospital discharge will impact on our ability to support people to independence.

Reablement Service

Powering our Future

MT03 – Reablement Review

- Project Proposal signed off by POF Board in June 2024:
- Phase 1 - Commissioned D2A to be brought in house by 07 October 2024
Pilot assessment of Activity Monitoring Technology by December 2024
- Phase 2 - Revised model of reablement to accommodate support for people in the community and greater numbers of people being discharged from hospital. April 2025.

Revised model of reablement to accommodate people with a mental Health need, autism or Learning Disability.

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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
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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	SBC Adults, Health & Wellbeing	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

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Adult Social Care and Health Select Committee

22 October 2024

REGIONAL HEALTH SCRUTINY UPDATE**Summary**

The Committee is requested to consider an update on the work of the regional health scrutiny committees. Some recent health-related developments impacting on the Tees Valley and / or wider North East and North Cumbria footprint are also highlighted.

DetailTees Valley Joint Health Scrutiny Committee

1. Stockton-on-Tees Borough Council (SBC) hosted (providing the Chair and support function) this Committee during 2023-2024. As part of previously agreed rotational arrangements, Hartlepool Borough Council is now hosting the Committee in 2024-2025.
2. The last meeting (the first of this municipal year) was held on 19 September 2024 and included the following agenda items:
 - Appointment of Chair (Cllr Moss Boddy (Hartlepool Borough Council)) and Vice-Chair (Cllr Ceri Cawley (Redcar & Cleveland Borough Council))
 - Minutes of the meeting held on 15 March 2024 (see **Appendix 1**)
 - Minutes of the Tees Valley Integrated Care Partnership (ICP) meeting held on 2 February 2024
 - Tees Valley Joint Health Scrutiny Committee – Protocol and Terms of Reference
 - North East and North Cumbria Integrated Care Board (NENC ICB) / Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): Respite Care / Adult Learning Disability Service Update (see **Appendix 2**)
 - Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): Community Mental Health Transformation Update
 - North Tees and Hartlepool NHS Foundation Trust (NTHFT): Tees Valley Community Diagnostic Centre Update (see **Appendix 3**)
3. The next meeting is scheduled for 7 November 2024 – anticipated items (still to be confirmed) include TEWV presentations on health inequalities and male suicide, as well as a NENC ICB winter planning update.

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

4. Following a lengthy hiatus, Durham County Council (who support this Joint Committee) contacted scrutiny teams across the region in November 2022 with the intention of arranging a meeting for late-November / early-December 2022. However, following liaison with senior

NENC ICB representatives, it was deemed that in light of the ongoing ICS briefings to the Tees Valley Joint Health Scrutiny Committee, a meeting of this Joint Committee (which involved similar Councillors) was likely to be a duplication and would not add value.

5. In wider regional health matters, the NENC ICB is promoting the NHS '*Be wise, immunise*' campaign to vaccinate high-risk people against COVID-19 and flu. Details on the following can be found at <https://northeastnorthcumbria.nhs.uk/here-to-help-winter/covid-19-and-flu-vaccinations/>:
 - How to book a vaccination
 - Eligible cohorts
 - Key messages
 - Local COVID-19 and flu vaccination contacts
 - Walk-in clinics
6. The public is being reminded that, from Thursday 1 August, some GP services across England began 'collective action'. Collective action means that those GPs taking action may stop or reduce certain work, but staff will still be working, and practices will still be open to see patients. Further information can be found at <https://northeastnorthcumbria.nhs.uk/gp-collective-action/> - this includes responses to the following frequently asked questions:
 - What should I do if I need to see a GP?
 - If I can't see my GP are there alternative NHS services I can choose?
 - Will other NHS services be affected?
 - I thought GPs were the NHS?
 - How long will the collective action last?
7. The first national plan for women's health, published in 2022, sets out a 10-year ambition to boost the health and wellbeing of all women and girls. Turning ambition into action, further details of the North East and North Cumbria women's health programme can be found at <https://northeastnorthcumbria.nhs.uk/women-s-health-programme/>.
8. A new NHS plan to transform health in North East and North Cumbria was highlighted at the start of October 2024. The Clinical Conditions Strategic Plan targets 12 health conditions making the biggest impact on people, and challenges the NHS to do more to prevent ill health – further details can be found at <https://northeastnorthcumbria.nhs.uk/news/posts/12-steps-to-a-healthier-region/>.
9. The NENC ICB annual report and accounts 1 April 2023 – 31st March 2024 showcases its activity over the past year – a summary of this can be found at the following link: <https://northeastnorthcumbria.nhs.uk/media/xwanaga0/annual-report-summary-2023-24-final-web.pdf>.

North East Regional Health Scrutiny Committee

10. No meetings are currently scheduled.

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Tees Valley Joint Health Scrutiny Committee

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Friday 15 March 2024.

Present: Cllr Marc Besford (SBC) (Chair), Cllr Rachel Creevy (HBC) (Vice-Chair), Cllr Ceri Cawley (R&CBC), Cllr Lynn Hall (SBC), Cllr Mary Layton (DBC), Cllr Paul McInnes (R&CBC), Cllr Vera Rider (R&CBC), Cllr Jan Ryles (MC), Cllr Susan Scott (SBC)

Officers: Michael Conway (DBC); Gemma Jones (HBC); Sarah Connolly (R&CBC); Gary Woods (SBC)

Also in attendance: Dan Jackson (North East and North Cumbria Integrated Care Board); Dominic Gardner, Chris Morton, Beverley Murphy (Tees, Esk and Wear Valleys NHS Foundation Trust); Mark Cotton (North East Ambulance Service NHS Foundation Trust)

Apologies: Cllr Jonathan Brash (HBC), Cllr Christine Cooper (MC), Cllr Brian Cowie (HBC), Cllr Heather Scott (DBC), Cllr Jeanette Walker (MC)

1	<p>Evacuation Procedure</p> <p>The evacuation procedure was noted.</p>
2	<p>Declarations of Interest</p> <p>There were no interests declared.</p>
3	<p>Minutes of the Meeting held on 15 December 2023</p> <p>Consideration was given to the minutes from the Committee meeting held on 15 December 2023. Attention was drawn to the following item that was on the agenda:</p> <ul style="list-style-type: none"> • <u>Office for Health Improvement & Disparities - Community Water Fluoridation:</u> Clarity was sought on what was agreed at the conclusion of this item, with some Members commenting that they were only in support of the planned consultation process, not necessarily the proposals to expand community water fluoridation in the North East of England. Following a brief debate (which included the noting of some new related information that some Members had received from an anti-fluoride group, an entity which, according

	<p>to other Members, had been previously discredited), it was agreed to amend the minutes to reflect that the Committee agreed to support the consultation process only.</p> <p>AGREED that the minutes of the Committee meeting on 15 December 2023, subject to the identified amendment for the 'Office for Health Improvement & Disparities - Community Water Fluoridation' item be approved as a correct record.</p>
<p>4</p>	<p>North East and North Cumbria Integrated Care Board - Update on Recent Restructure</p> <p>The Committee received an update following the recent restructuring of North East and North Cumbria Integrated Care Board (NENC ICB). Led by the NENC ICB Director of Policy, Involvement and Stakeholder Affairs, content included:</p> <ul style="list-style-type: none"> ➤ ICB 2.0 Organisational Restructure: A new way of working ➤ Significant change ➤ Executive team ➤ The NENC way ➤ Local Delivery Team comparison ➤ Contracting and devolution of budgets ➤ Networks and workstreams ➤ Example - Clinical Networks and ODNs ➤ Initial work - Networks and Alliances ➤ Still work to do... <p>The Committee was informed that the NHS typically went through a period of restructure approximately every decade. However, the formal implementation of the new national Integrated Care System (ICS) less than two years ago (mid-2022) already involved the merging of eight former Clinical Commissioning Groups (CCGs) into one regional organisation – the NENC ICB. In addition, from the onset of these new arrangements, further responsibilities were adopted and other subsequent delegations (i.e. pharmacy / optometry and dental in April 2023) had followed, with more anticipated in relation to specialist commissioning. Despite their relative infancy, ICBs had been instructed to reduce running costs by 30%, a task the NENC ICB was still working through (though around 100 posts had already been lost) – this exercise involved collaboration with each of the 14 Local Authority areas within the NENC footprint, reflecting the ICBs 'place-based' working approach.</p> <p>Moving forward, several key elements would underpin 'the NENC way' – these included a clinically-led (multi-disciplinary) and managerially-enabled focus, a structure involving eight directorates with eight executive directors, and enabling and delivery teams (the latter seeing six teams mapped to the 14 Local Authority partners, one of which would be 'Tees Valley' (comprising five Local Authorities)) concentrated on the delivering the vision and constitutional standards. Local committees mapped to each Local Authority area would continue.</p> <p>Networks and workstreams were charted, with some inherited, some developing, and all at different levels of maturity. Clinical networks were either managed by NHS England or were transitioning to the ICB. Operational Delivery Networks</p>

	<p>(ODNs), managed within acute provider organisations but accountable to NHS England, outlined how pathways needed to work – these were listed along with the NENC clinical networks. Regarding the latter, thematic groupings / alliances were being developed to give a better strategic view of specific health conditions.</p> <p>In terms of work still to do, it was expected that the mapping of system, clinical, corporate and operational delivery networks and workstreams would conclude by April 2024, and that a set of recommendations would then be created which contributed towards a streamlined organisation (reducing duplication), ensured work was aligned to the NENC ICBs <i>Better Health and Wellbeing for All</i> strategy, and enabled teams to deliver in accordance with a clear Terms of Reference. Clarity around funding and reporting mechanisms, as well as the provision of effective communication across the wider health and care system, was also envisaged.</p> <p>Thanking the NENC ICB representative for the presentation, the Committee immediately drew attention to the quoted loss of 100 posts (following the request to reduce running costs by 30%) and the potential for significant redundancy costs. In response, Members heard that the ICB inherited all CCG staff when it came into being, some of whom were permanent and others who were on a fixed-term contract. Opportunities to apply for voluntary redundancy / early retirement were offered, and assurance was given that there were no additional costs incurred in relation to this reduction in the workforce. It was noted that the vast majority of ICB expenditure was on its staffing resource.</p> <p>Referencing the ‘Initial work – Networks and Alliances’ slide, the Committee commented that a number of the nine categories appeared to have some form of crossover with other identified themes listed. Members were informed that the nine groupings merely represented initial thoughts, however, once confirmed, the work of these networks / alliances should benefit from a simpler decision-making process that a single ICB allowed (as opposed to the CCG era where strategic decision-making proved more challenging).</p> <p>The Committee highlighted instances of people across Tees Valley accessing services in North Yorkshire (e.g. Friarage Hospital, Northallerton) and were given subsequent assurance that collaborative arrangements with neighbouring ICBs were in place to address issues that arose. Members welcomed this, though also called for developments which may have an impact on the people of Tees Valley, wherever this may be, to be appropriately scrutinised (the former Durham, Tees Valley and North Yorkshire joint health scrutiny committee was referenced).</p> <p>AGREED that the North East and North Cumbria Integrated Care Board restructure information be noted.</p>
<p>5</p>	<p>Tees, Esk and Wear Valleys NHS Foundation Trust - Quality Account 2023-2024</p> <p>Representatives of Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) were in attendance to provide their annual presentation to the Committee in relation to the organisation’s Quality Account, a document which NHS Trusts had a duty to produce each year. The TEWV Chief Nurse, supported by the TEWV</p>

Care Group Director MHSOP / AMH and the TEWV Lived Experience Director for Durham, Tees Valley and Forensics, covered the following elements:

- Quality Account Quality Priorities 2023/24
- Priority 1: Care Planning
- Priority 2: Feeling Safe
- Priority 3: Embed the New Patient Safety Incident Response Framework (PSIRF)
- Setting the 2024/25 Quality Priorities
- Timeline

Agreed by the TEWV Quality Assurance Committee in May 2023, the Trust's quality priorities for 2023-2024 were developed following discussion and review of quality data, risks and future innovations in collaboration with colleagues, patients, families and carers. Delivering on these priorities supported the ongoing mission to ensure that safe, quality care was at the heart of all TEWV did in line with its *Our Journey to Change* initiative and Quality Strategy.

- Priority 1: Care Planning: The Trust had identified several aims for completion by 31 March 2024 involving new system developments, measurable goals within care plans, the publication of new policies and procedures, and data collection / monitoring mechanisms to assess the effectiveness of clinical interventions. Whilst it was stated that performance impact was not yet where the Trust would want it, progress during the year was then outlined, a key element of which was the delayed implementation of (and associated training on) the new CITO patient record system which went live on 5 February 2024. Other areas noted included the continuation of region-wide work with relevant stakeholders to move away from the Care Programme Approach (CPA) (the five principles signalling how systems should start to do this were subsequently listed), the now fortnightly meeting of the Personalising Care Planning Oversight Group to provide oversight and assurance to other workstreams / groups, and the continuation of the Care Planning Co-production Group which informed TEWV from a lived experience perspective.

In related matters, six priorities for personalised care were highlighted – workforce (job descriptions), workforce (what is our offer?), data (e.g. waiting time metrics), interoperability (ICBs), managing risk and accountability, and working with partner organisations. Regarding the latter, it was noted that TEWV was often one of a number of entities involved in an individual's care, therefore effective links with partners (including schools) was important. Understanding data around inequalities and how this may help identify different needs (and therefore service requirements) across various geographical areas was also emphasised. From a wider perspective, the seven NENC ICB priorities around care planning were also outlined.

- Priority 2: Feeling Safe: To ascertain a better understanding of why some patients did not feel safe on TEWVs wards, as well as what would help foster a greater sense of safety, the Trust engaged with individuals using its inpatient services. Feedback on both these elements was relayed, with common themes being a lack of / need for appropriate staffing levels, involvement in their own care, opportunities for meaningful activity, access to quiet areas, and

support when unwell or when incidents had occurred within their environment. Crucially, reassurance from staff and staff support was a key protective factor in ensuring that patients felt safe on the ward, with patients stating that they valued their relationships with staff.

It was explained that 'feeling safe' was not a mandated measure nationally and that all Trusts had different ways of determining and presenting this (hence benchmarking was not viable). Also emphasised was the possibility that not feeling safe could be an inherent feature of an individual's condition. To aid its aim of creating a positive relationship in which patients felt safe, TEWV had three key elements to achieve by the fourth quarter of 2023-2024 (January to March 2024), namely the implementation of the range of actions identified from the Feeling Safe Focus Groups with patients and staff, the continuation of the body-worn camera pilot work (and evaluation of impact), and the continued implementation of the *Safewards* initiative (an evidence-based model to support and enable patients to feel safe).

Progress against these three areas of focus was documented, with dedicated Action Plans being produced and monitored for services where particular concerns had been identified by the Feeling Safe Focus Groups, and a process put in place to develop an overarching rationalised strategic workplan and reporting framework in relation to 'feeling safe' (specific work undertaken within Durham, Tees Valley and Forensics in response to the care group being given a performance improvement notice was also noted). Benefits and challenges associated with the body-worn camera pilot were highlighted (it was also acknowledged that this was a controversial topic, with some (including patients) liking this and others not), with an in-depth review of the pilot now a component of the Trust's Positive and Safe Plan (approved by the Quality Assurance Committee in August 2023). In terms of *Safewards*, the need to refocus the corporate approach to the implementation, monitoring, reporting and assessment of outcomes for these standards had been agreed.

Developments in relation to TEWVs use of the question, '*During your stay, did you feel safe?*' were outlined. Following review by the Trust's Lived Experience Directors (with support from members of the Involvement Team), it had been agreed that analysis would now reflect a two-answer configuration and include 'yes, always' and 'most of the time'. This change was made following the gathering of significant intelligence through focus groups which indicated that there were genuine reasons why people may not feel safe on an acute admissions ward.

Responding to a question on why Trusts were not mandated to track if people felt safe, the Committee was informed that, whilst this was a matter for NHS England, regulators would want to know if TEWV had mechanisms in place to ascertain how safe its service-users felt.

Linked to the first priority around care plan personalisation, the Committee asked if there was a way of establishing an agreed baseline measure with an individual where they can agree to feeling safe. A recent TEWV Board of Directors meeting involving a contribution from a care-experienced person who reflected on positive changes whilst using the Trust's services was referenced, and it was also noted

that the new CITO patient record system should help support the co-production (between patients and clinicians) of safety plans.

Returning to the lack of a standardised national 'feeling safe' metric, the Committee expressed unease that TEWVs decision to change the way it presents feedback on its existing question could be interpreted as a means to merely achieve better-looking outcomes. Hartlepool Borough Council's health scrutiny function was writing to the NENC ICB with the aim of getting clarity around this situation and possibly establishing a baseline measure which could enable benchmarking, an endeavour the Committee agreed to support by sending its own correspondence.

The sensitive issue of body-worn camera use was probed, with Members asking if there had been any concerns raised around privacy. TEWV officers stated that employing such technology required careful consideration as there was the potential for misuse. The Trust drafted a policy for this some time ago (something the Lived Experience group had since examined), and, like the principles behind Oxehealth / OxeVision, its use had to be considered on an individual basis. If someone was not comfortable, both patient and staff needed to understand why.

The Committee drew attention to the '*How will we know we are making things better?*' table (included alongside the aims for completion by the fourth quarter of 2023-2024), and felt that the lack of change in the percentage of inpatients feeling safe / supported by staff to feel safe throughout 2023-2024 suggested the measures being used to address this quality priority (e.g. body-worn cameras) were not working. TEWV officers reiterated that the wrong question was being asked of people who may not feel safe under any circumstance, and that the Trust had perhaps not helped itself in using / publishing such a measure when other Trusts asked / reported on this in different ways. It was also highlighted that the previous year (2022-2023) had seen reduced occupancy within TEWV services (possibly as a result of the ongoing impact of the COVID-19 pandemic) which meant staff had more time for patients compared to the 2023-2024 period. Like most Trusts, TEWV was experiencing challenges around demand for its services – this was linked to wider system pressures that were being caused by a number of factors (e.g. cost-of-living).

- Priority 3: Embed the New Patient Safety Incident Response Framework (PSIRF): By the fourth quarter of 2023-2024 (January – March 2024), TEWV aimed to achieve five elements within this priority, including compliance with the national PSIRF requirements, increasing staff completion of national Patient Safety Syllabus training (level 1 and 2), introducing an annual patient safety summit and the role of patient safety partners, and completing focused work on Duty of Candour through the delivery of an improvement plan.

A summary of the implementation of PSIRF noted significant preparatory work undertaken over the past two years which ultimately led to the process going 'live' on 29 January 2024. A multi-disciplinary team (MDT) thematic review of serious incidents was undertaken in early-November 2023 and future quarterly reviews would be scheduled in collaboration with key specialty / directorate colleagues to review quarterly themes and to ensure learning was identified

and embedded in workstreams and / or monitored.

Other achievements were relayed in relation to Patient Safety Syllabus training (89% staff compliance for level 1; 66% for level 2), secured monies to fund two part-time Patient Safety Partner (PSP) posts (though a recent development meant this was now in doubt), and the ongoing delivery of the Duty of Candour improvement plan which would include a forthcoming independent audit to check progress. Once PSIRF was embedded, the annual Patient Safety Summit would be held.

The Committee asked if the Trust was meeting its deadlines with regards PSIRF. Assurance was given that these were being met and that this ensured that immediate learning was established.

The presentation concluded with details on the process for setting the TEWV quality priorities for 2024-2025 (the importance of these being co-created with service-users and carers was emphasised), and the remaining timeline for the consultation period and publication of the Trust's Quality Account 2023-2024 document.

Members probed the recruitment of Lived Experience staff, with TEWV highlighting the benefits of peer support and the important role of Lived Experience Forums within the community which allowed wider engagement and a potential pathway for future use of care-experienced individuals to help shape service delivery.

Whilst pleased that the Lived Experience work had become more established, the Committee commented that TEWV had been on its 'journey to change' for some time now and queried how far along it felt it was. In response, the anticipated benefits of the new CITO system were reiterated, the routine checking of whether carers were being identified and engaged / involved was highlighted, as was the mandated monthly Quality Board where TEWV had an agenda set for them. From a regulatory perspective, the last CQC inspection saw the Trust's three 'inadequate' domains improve, though it was acknowledged that the focus needed to be on patient safety (the historical backlog of serious incidents to report on were noted). Some staffing issues had also been identified, but these had since been addressed – Members felt it would have been helpful to have more detail on this latter statement, and also drew attention to the very limited statistics / data within the presentation, something which made it very difficult to determine performance / progress.

Continuing the workforce theme, the Committee asked about the results of the recent staff survey. TEWV officers stated that this was a mandated survey, and that feedback was reflecting positive strides over the last year (data would be published nationally in the near future).

Reflecting on the content of the presentation, Members felt there was little mention of 18-25-year-old provision and the challenges around transitioning from children's to adult services – assurance was given that development work was ongoing in relation to this demographic. In other matters, it was acknowledged that neurodiverse individuals had been poorly served for years, and that TEWV

	<p>was trying to understand how it might work differently for this particular cohort.</p> <p>AGREED that:</p> <ol style="list-style-type: none"> 1) the Quality Account-related update on Tees, Esk and Wear Valleys NHS Foundation Trust performance in 2023-2024, and the process for setting the 2024-2025 quality priorities, be noted. 2) a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Chair and Vice-Chair. 3) a letter be sent to the North East and North Cumbria Integrated Care Board (NENC ICB) supporting Hartlepool Borough Council's health scrutiny function in requesting clarity around how mental health Trusts ascertain patients sense of 'feeling safe' and the potential establishment of a baseline measure.
<p>6</p>	<p>North East Ambulance Service NHS Foundation Trust - Quality Account 2023-2024</p> <p>A representative of North East Ambulance Service NHS Foundation Trust (NEAS) was in attendance to provide a presentation to the Committee in relation to the organisation's Quality Account, a document which NHS Trusts had a duty to produce each year. The NEAS Assistant Director – Communications and Engagement (who relayed apologies from the NEAS Deputy Director of Quality and Safety (Deputy Lead Nurse)) covered the following elements:</p> <ul style="list-style-type: none"> ➤ Overview of quality report requirements ➤ 2023/24 performance (1 April – 31 December 2023) <ul style="list-style-type: none"> ○ Patient safety ○ Patient experience and feedback ○ 999 incident volumes ○ Category 1 response performance (including benchmarking) ○ Category 2 response performance (including benchmarking) ○ Category 3 & 4 response performance (including benchmarking) ○ Hospital handover performance ➤ Update 2023/24 quality priorities <p>Following a brief overview of the process requirements (consultation / publication) relating to the annual Quality Account (including that there was no obligation to obtain external auditor assurance this year), details were outlined on NEAS performance during the first three-quarters of 2023-2024 (April to December 2023). Regarding patient safety, the number of recorded serious incidents (140) was significantly higher than for the whole of 2022-2023 (61), though the criteria for what constituted a 'serious incident' had changed to a case where the required response time had been exceeded by more than one hour (it was noted that the recording of serious incidents was not consistent across the country, so benchmarking against other Trusts was not possible). For the 'proportion of safety incidents per 1,000 calls' measure, whilst the April to December 2023 figure (2.2%) was also up on the 2022-2023 data (1.8%), the final quarter for this year (January to March 2024) would likely reduce the overall rate for 2023-2024.</p>

In terms of patient experience and feedback, it was pointed out that the top three themes for complaints (staff attitude, timeliness of response, and quality of care) also appeared as themes for appreciations / compliments that NEAS received. Complaint numbers had been reducing since 2019-2020, and the number of appreciations for April to December 2023 (922) had already exceeded the number for the whole of 2022-2023 (812) and had surpassed the previous record (914) set in 2019-2020.

999 incident volumes between February 2023 and January 2024 (inclusive) had followed a similar trend for both the Tees Valley and Trust-wide footprint, with a broadly consistent number from March to November 2023, and a predictable increase in December 2023 and January 2024.

For the most serious 'category 1' incidents (cardiac / respiratory arrest), Tees Valley performance compared favourably with the data for the entire NEAS patch, with mean response times consistently below the Trust-wide average for all months from February 2023 to January 2024. Whilst June 2023 and December 2023 saw NEAS go slightly above the average mean target response time (seven minutes) for category 1 cases, it was the only ambulance Trust in the country to be below this target in January 2024, something it was very proud of, and which reflected the significant amount of work which had been done around this measure.

'Category 2' incidents (including strokes and heart attacks) comprised a large number of the overall contacts made to NEAS (around 70% of all calls) and, like all other ambulance Trusts across the country, mean response times were significantly above the target (18 minutes) for every month from February 2023 to January 2024 despite improvements compared to the previous year. Tees Valley mean response times were consistently worse than for the whole NEAS footprint (aside from January 2024) during the same period. Guidance around this measure was issued last year, with proposals to amend the target time from 18 minutes to 30 minutes.

NEAS work around the provision of vehicle hours was outlined, with more crews put on the road than what the Trust had modelled (involving more vehicles / staff being taken on, including the recruitment of short-term assistance to aid response). A graphic demonstrated the actual number of vehicle hours compared to the Trust's operational plan (initiated in April 2023), with the impact on mean response times for category 2 cases against the revised 30-minute target shown. Whilst this presented a more positive picture, NEAS acknowledged that there was a clinical reason why the target was 18 minutes, something the Trust should not lose sight of.

The average number of face-to-face incidents involving NEAS was charted, with these far exceeding planned numbers for every month from April 2023 onwards (including an all-time high in January 2024) – this raised the question of how the Trust managed such levels of demand without increased resources. It was noted that NEAS also operated patient transport crews which could be deployed to lower-level incidents where possible to free up paramedic crews.

February 2023 to January 2024 performance for 'category 3' and 'category 4'

(both urgent and non-urgent) cases was documented. Broadly speaking, Tees Valley response times (90th centile) were well above the targets for both (less so for the whole NEAS area, though still above target), results which were partially due to inefficiencies within the wider health system (i.e. delayed handovers at hospitals) and challenges in deploying staff with the right skills. To address the latter, NEAS was trying to develop / use Advanced Paramedic Practitioners (giving them more skills than standard ambulance crews) which aimed to benefit both patients (providing quicker care) and the whole 'system' (avoiding the need to take some individuals to hospital).

Hospital handover data was included which illustrated the specific pressures at the James Cook University Hospital, Middlesbrough (a site which took in more patients due to having more speciality services). A rapid process improvement workshop was conducted to improve patient flow, and the Hospital Ambulance Liaison Officer (HALO) role had been re-introduced – such measures were working well and had been expanded across other areas of the NEAS footprint. Elsewhere, data showed rising handover delays towards the end of 2023 / start of 2024 at both the North Tees and Darlington hospitals (the latter seeing a marked increase in delays over two hours).

The presentation concluded with commentary around what had been achieved, and what was still to do, in relation to the Trust's 2023-2024 quality priorities:

- To continue working with system partners to reduce handover delays (*Patient Safety*): Thematic analysis of handover delays undertaken, with particular focus on cases of moderate harm or below (had previously focused on more serious cases). Work with partners to improve data-sharing and standardise reporting (improving whole 'system' effectiveness) also completed. To begin addressing the need to understand the impact of handover delays on patients, an ambulance dataset had been introduced to start establishing outcomes for patients after handing them over (unaware of what happens to them currently) and ascertain the impact of hospital / ambulance interventions.

This priority would not be carried forward to 2024-2025 but would instead become business-as-usual.

- Respond to patient safety incidents in a way that leads to service improvements and safer care for all our patients (*Patient Safety*): Several achievements noted, including a quality and safety profile review to inform local safety priorities, further development of governance procedures, transition to and training on PSIRF (Patient Safety Incident Response Framework), and the introduction of three patient safety partners. With regards work still to do, the Trust was on track to complete all serious incidents and actions by the end of March 2024.

This priority would not be carried forward to 2024-2025 but assurance was given that NEAS would continue to focus on patient safety matters.

- Implementation of clinical supervision (*Clinical Effectiveness*): Policies and procedures had been developed, with an audit roadmap for Clinical Team Leaders (CTLs) introduced to understand individual clinical performance.

Protected time for discussions was provided (particularly relevant for those crews / staff who were often working in isolation), with clinical staff also given five hours to support any development needs identified through supervision. Looking ahead, an electronic audit tool and dashboards were to be developed, as well as a bespoke university module to help ensure all CTLs have the appropriate skills, knowledge and experience (to be completed in 2024).

This priority would not be carried forward to 2024-2025 but clinical effectiveness considerations would continue around 'Martha's Rule' (prompt access to a second opinion of an individual's condition).

- To increase service-user and colleagues' involvement in our patient safety and patient satisfaction activities (*Patient Experience*): NEAS Board, Trust partner, and stakeholder involvement in developments around this priority were highlighted, including the introduction of patient safety partners and the establishment of multi-disciplinary working groups for PSIRF implementation and patient safety improvement activities. A patient feedback group still needed to be created, along with a patient and carer feedback survey (post-investigations), with wider involvement from patients and colleagues to be sought in relation to recruitment activities.

This priority would not be carried forward to 2024-2025 – NEAS would instead be focusing on the triangulation of data and making sense of the information it collected.

The Committee opened its reply to the presentation by probing those instances where patients were having to wait a significant time (beyond the target) for a response. NEAS stated that much of this had been as a result of staff capacity (the Trust had filled the roles for which it was funded for), though some could also be attributed to demand pressures and handover delays at hospitals. In terms of the latter, 30 minutes was the expected time for handover (15 minutes to pass the patient into the care of the hospital, and 15 minutes to re-stock) – the average for NEAS was 23 minutes, though this can increase during certain points of the year. It was noted that once handover delays begin, they can be very difficult to rein in.

Reflecting upon public awareness of the challenges in relation to ambulance response times / handover delays, Members asked if there was any evidence of people preferring not to make contact with NEAS and instead making their own way to hospital for treatment. The Committee was informed that the North East had benefitted from relatively stable relationships between health bodies which helped tackle pressure points more effectively than in other parts of the country.

Attention was drawn to the NHS 111 phonenumber service, with the Committee querying if advice was consistent between that and the 999 number around who to contact in an emergency / non-emergency. NEAS advised that call-handlers across the region were dual-trained and that the same operators would answer whether 111 or 999 was used – the amount and order of questions may, however, be different depending on which number was dialled.

The Committee expressed concern that the positive developments around hospital handovers may slip if this was no longer an explicit priority for 2024-2025.

	<p>NEAS gave assurance that the focus on ensuring timely handovers would not be lost (particularly since the issue had received national media interest) and that this was linked to the Trust’s overriding commitment to patient safety. Members were also informed that the Secretary of State now received weekly briefings around this topic.</p> <p>A question was raised about whether the Fire Brigade still acted as responders to ‘category 3’ incidents. NEAS stated that the Fire Brigade did not act as paramedics but did have a role as community first responders – as such, they will be dispatched to certain cases if available. The Committee also noted local schemes where different personnel were responding to certain incidents / environments (e.g. falls within care homes) – NEAS requested further details around these reported schemes if clarity was required.</p> <p>With reference to the use of additional staff, the Committee asked if NEAS had been supported with extra finance for recruitment. The Trust confirmed that commissioners had recognised the need for further resourcing and had provided significant additional funding to meet demand for services.</p> <p>The Committee concluded the session by emphasising that caution would be needed that the move to increasing the category 2 target response time to 30 minutes (instead of the previous 18-minute aim) did not negatively impact patient outcomes – Members were advised that this would be fed back to the relevant NEAS personnel to see if both targets could be monitored in the future (which may also aid national benchmarking), and that the Trust was trying to be smarter about how it categorised calls (this used to be done by clinicians but, following a pilot, was now classified at the point of the call being made by the call-handler (with clinical input if required)). Improved categorisation of incidents should help patients to receive better response times depending on their need.</p> <p>AGREED that...</p> <ol style="list-style-type: none"> 1) the Quality Account-related update on North East Ambulance Service NHS Foundation Trust Quality Account performance in 2023-2024 be noted. 2) a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Chair and Vice-Chair.
<p>7</p>	<p>Work Programme 2023-2024</p> <p>Consideration was given to the Committee’s work programme for 2023-2024.</p> <p>Since this was the final meeting scheduled for the current municipal year, the Chair thanked Members for their contribution to the items which were considered during 2023-2024. As per the established rotational arrangements, support of the Committee would pass onto Hartlepool Borough Council for the 2024-2025 municipal year.</p> <p>AGREED that the Committee’s work programme for 2023-2024 be noted.</p>

An update on respite care

Respect

Compassion

Responsibility



About today

Update from Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) on:

- Why things need to change
- What's already happened
- What happens next

Update from North East North Cumbria Integrated Care Board (NENC ICB) on:

- Next steps
- Working with you

An opportunity to ask any questions

Introduction

- Thank you so much for joining us today.
- We wanted to share an important update for our partners on the future of respite service within Teesside.
- The service provides support to people with a learning disability with complex needs from Bankfields in Middlesbrough and Aysgarth in Stockton.

Why do things need to change?

Most importantly, we need to ensure that the service continues to provide the highest quality of care for people.

We also need to make sure:

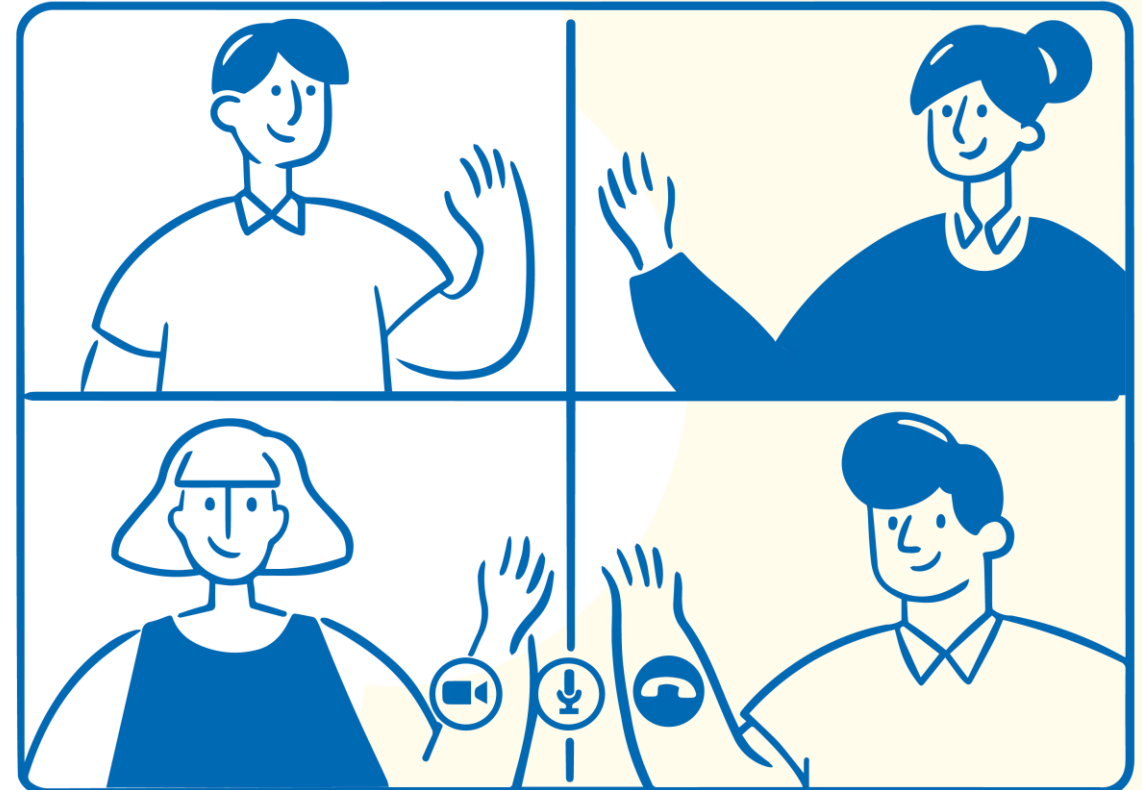
- Our buildings are providing the best environment to care.
- We comply with regulations set out by the Care Quality Commission (CQC).
- There is enough staff to provide safe and kind care.
- The service offers value for money so we can support more families that need this service.



Page 55

What's already happened?

- A project group was established and looked at options on the potential future for the respite service.
- Unfortunately, none of these options were considered viable.
- We are not able to make changes on our own.
- The ambition is to create something better working together with our partners.



What happens next ...

- Our trust will submit notice on current respite provision – 20 September 2024.
- We will keep working with families and our partners to provide the highest quality of care.
- Committed to provide respite over the next 12 months and aim to be part of the future model.
- Our ICB colleagues will lead on the next steps. They will work with families to develop a service that supports you and your loved ones needs.
- We will continue to communicate with families, staff, people in the health and social care sector and MPs.

What happens next

Respite Care, next steps – NENC ICB

Next Steps...Planned Timeline

September 2024

- Meet the Commissioning Team Events
- Survey launched by Inclusion North (IN) and Skills for People (SfP)

October 2024

- Listening starts by SfP and IN – Commissioners present and available

November 2024

- Data collated
- Draft report to be shared

December 2024

- Feedback to people/ families
- Final report to be produced

January 2025

- Finalised report to ICB from IN and SfP
- Development sessions to start
- Co-production of future provision

February 2025

- Possible market engagement

April 2025

- Possible procurement

Introduction meeting with the ICB team

Meet the ICB Commissioning Team events held

- Face to Face: 11th Sept - Stockton, 12th Sept - Middlesbrough, 13th Sept - Redcar and Cleveland
- Online Event 16th Sept
- We have also offered 1:1 sessions with families who can't make the sessions either by phone or face to face
- Email and Telephone numbers of commissioners provided to all families

Informal Sessions in the community held to:

- Introduce the ICB commissioning Team
- Provide an overview of the ICB role and responsibilities
- Find out how families want to be part of developing future respite plans, communicated with and updated
- Introduce the Independent Listeners Skills for People and Inclusion North and their role
- Leaflet about IN and SfP shared in letter and at events
- Set out timelines for families and what happens next
- Questions and Answers – Recorded and FAQ to be developed from this to share with people who didn't attend

Listening Engagement Events

Independent providers facilitating the events

- **Inclusion North (IN) and Skills for People (SfP) have been commissioned to jointly carry out an independent listening exercise**
 - IN and SfP are 2 not for profit organisations, whose work includes providing information, guidance, advocacy, awareness raising, support people to influence health and care services.
- **IN and SfP are planning**
 - 6 events all face to face 3 hrs each, 2 in each area Stockton, Middlesbrough and Redcar and Cleveland
 - 3 Online sessions to be held in the evenings
- **Content will include:**
 - Brief information sharing
 - Group discussion
 - Face to face - Chance to speak to ICB commissioning team or IN/SfP rep on a 1:1 basis
 - Online – Opportunity to ask questions and discuss as a group
- **A survey both online and paper**
- **An opportunity to speak 1:1 to a member of staff from SfP or IN by phone or by zoom**

Development session in the New year



Feedback from the listening engagement report



Set out how we will co-produce respite support



Service user representatives in project group to support design and specification of any service we may need to procure



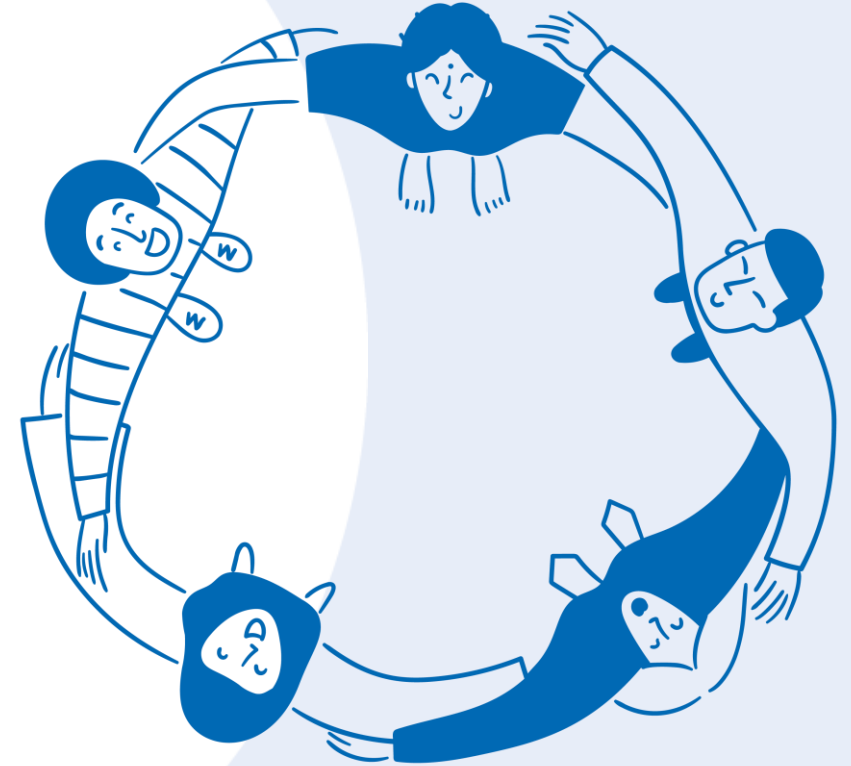
Consider the need for market engagement for future support dependent on feedback

On-going engagement with commissioning team via a Project Group

- **Set up a service users, families and carers project group to enable a collaborative approach to developing future respite provision**
- **The families project group will meet regularly (minimum once a month)**
- **We will feedback to families via their preferred route**
- **Joint Tees Valley Health Scrutiny Committee (All TBC)**
 - January following engagement to update on the findings
 - April with identified solutions and possible Market Engagement outcomes
 - July with potential procurement scenarios

n summary

- These changes are about making sure that the service continues to provide the highest quality of care for people.
- TEWV is committed to providing respite over the next 12 months.
- Developing a future service that provides families with the highest quality of care needs a system-wide approach – involving families, colleagues and partners.



Ask of the Committee

To note the position and rationale for change, including the approach being taken to engagement, inclusion and development of future models of care.

- If we are to achieve the improvements and sustainability of services required we will need the support of all authorities, elected members and partners.
- To work closely with the ICB and our Trust as we navigate the next steps and work with families to develop a service that supports future needs.

Adult Learning Disability service update

Respect

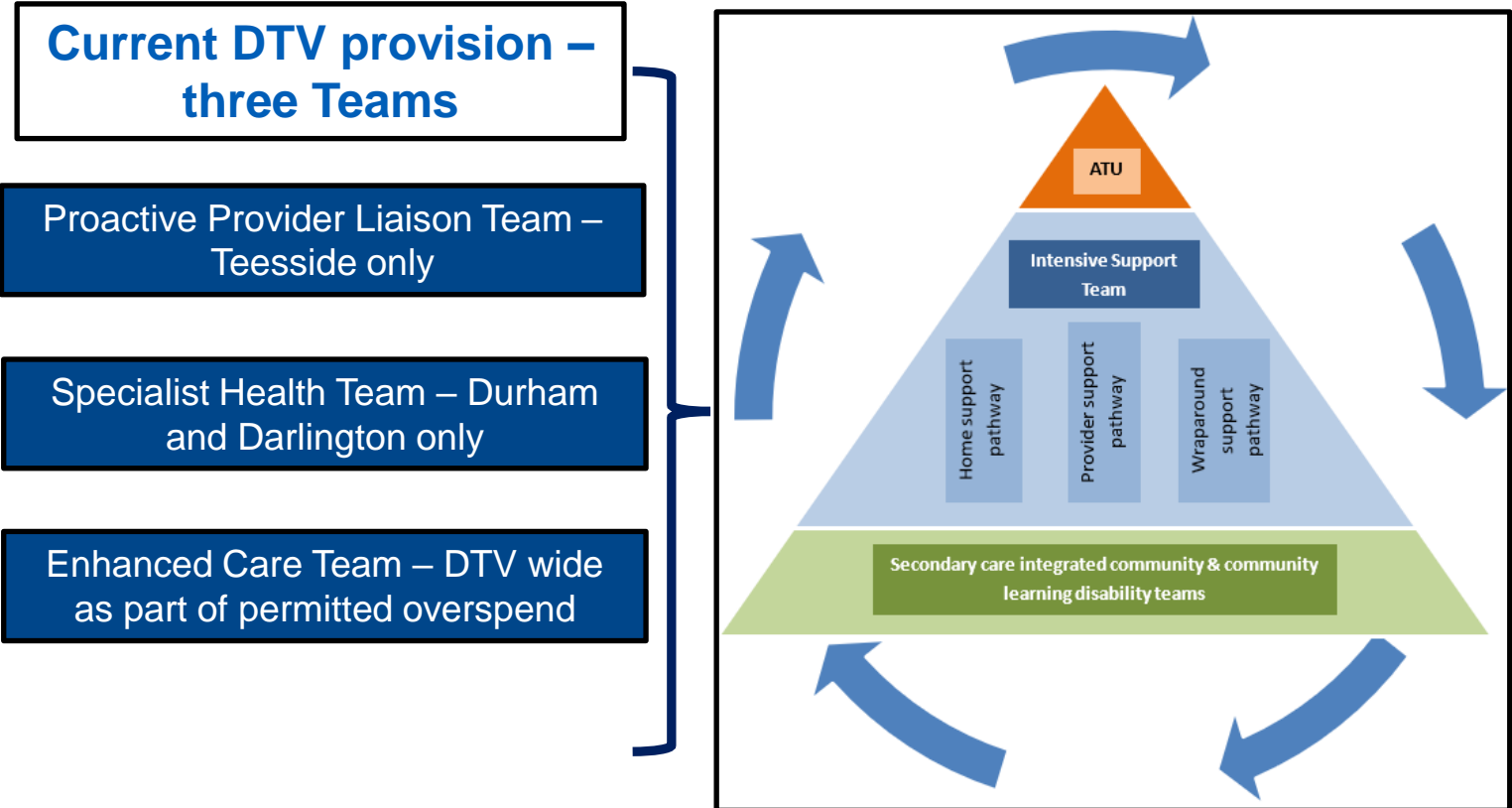
Compassion

Responsibility



Drivers for Change

- Changing needs for people living in the community.
- Changing needs for community infrastructure that supports people to live in their own homes.
- Greater risk of admission to hospital.
- Impact of hospital admission is significant, leaving those most vulnerable at risk.



Physical health / health facilitation

- Two teams across DTV who provide health facilitation. Each team offer different services. Team manager in each team was providing both operational and clinical leadership.
- Due to changes in team managers - opportunity to align teams across DTV with a single line management and recruitment of a clinical specialist nurse.
- Will develop parity of service across local area.
- Increased support to staff.
- Dedicated operational and clinical roles.
- Will allow for an increased focus on physical health for people with a learning disability to enable continued community placements.
- Increase and improved networks with primary and acute services.

Intensive Support Team Development

- Supported staff through organisational change.
- Held pathway development sessions.
- Commenced transitional period of becoming an IST.
- Stakeholder engagement session booked – 26 September.
- Submission of pathways through governance – October.
- Go-live date – 1 October.

- Dedicated staff driving forward project to stop over medication of people (STOMP) with a learning disability, autism or both, providing:
 - Education to professionals about effects of over-prescribing antipsychotic medication
 - Training on how these medications can affect the working of the brain, impact this might have on mood, thoughts and behaviours
 - Support to carry out robust structured medication reviews within primary care working alongside GPs and Pharmacists.
 - Support to reduce and stop medications if safe to do so
- Met Oliver McGowan's mum, Paula McGowen, who is overwhelmed at the work and support STOMP has had. Further work with Cornwall Intellectual Disability Equitable Research team to discuss STOMP data being part of research.
- STOMP to be included in junior doctor training programme on 27 September 2024.
- Semi structured interview to be held with researcher for NHSE about psychotropic usage in learning disabilities.
- Co-created a STOMP video and information leaflets, meeting with independent voices (local learning disability group).
- STOMP journey to be presented at Drug & Therapy Committee on 26 September and at the Medicine Management group on 15 October
- Teesside University to look at curriculum for pharmacists and student nurses.
- Application made to present stomp at Learning Disability Sharing Innovation and Learning conference December 2024.
- Staff won South Tees Healthwatch award for Excelling in support to others and received national recognition 2024 Learning Disability and Autism Awards.
- Shortlisted for Nursing Times awards and for TEWV star awards which are due to take place in October.

Thank you and any questions?



Tees Valley Community Diagnostic Centre (CDC)

Page 71

APPENDIX 3



Michael Houghton
(Programme SRO)

Jayne Pailor
(CDC Implementation
Lead)

19 September 2024

Context

The Sir Mike Richard's report which was published in 2020 concluded that a new diagnostics model is urgently needed, with the CDCs to play a key role in reducing access time and time delays associated with hospital visits and supporting reductions in health inequalities.

Adopting a Hub & Spoke Site Model, a central Hub is to be built on Castlegate Campus, Stockton (due to open late Autumn 2024), with Spoke Sites developed at;

- Hartlepool Hospital (already operating)
- Friarage Hospital (already operating)
- Redcar Primary Care Hospital (due for completion January 2025)

The aim for the CDC Hub and Spoke Sites is to:

- Improve Population Health Outcomes
- Increase diagnostic capacity
- Improving productivity and efficiency of diagnostic activity
- Contributing to reducing health inequalities
- Delivering a better, more personalised, diagnostic experience for patients, supporting integration of care across primary, secondary and community care

The objectives for the above will be measured by monitoring activity through increased capacity and volume through the build of the CDC in the next 5 years and beyond. The aims and objectives of the CDC are to:

- Reduce waiting times by 20% from current average waiting times
- Reduce average patient travel time to hub/spokes by 25% from current average travel times
- Patients have greater choice about appointment times and locations compared to the current model
- Improve patient satisfaction scores by 20% for diagnostics in Tees Valley compared to pre-CDC.
- Survey CDC patients on a yearly basis to further improve the patient experience at the CDC hub and spokes

The Hub Expectations

The new Hub located on Stockton high street will be able to deliver up 104,000 potential lifesaving tests annually when fully operational providing diagnostic testing for the following:

- MRI scans
- CT scans
- Ultrasound scans
- Cardiology (Electrocardiogram (ECG) / Echocardiology / Blood Pressure)
- X-rays
- Blood tests
- Respiratory tests

Staff from North Tees & South Tees Hospital Trusts will work collaboratively alongside each other in the CDC hub to treat patients across the Tees Valley. The Hospital base and staff management will remain the same for staff with the expectation of rotation to the hub when required to meet the needs of the service.

Digital interoperability is one of the key enablers to this project, ensuring staff can work with all systems that will be used in the Hub, with training and SOPs to be provided as necessary.

Workforce is the other key enabler and also a key risk to the success of the project.

**Tees Valley
Community Diagnostics Centre
(Stockton Hub)
Artists Impression**





- Following on from a special ground-breaking ceremony to mark the first spade in the ground in the building, work has continued to develop and push forward at pace. Monthly site visits started in July enabling staff who will be working in the CDC Hub the opportunity to take a closer look at the premises. These site visits will continue until the Programme is complete (with the next one due to be held in September)

Tees Valley Community Diagnostics Centre Progress Pictures (as of August 22nd, 2024)



Comms & Engagement Plan 24/25

- Hoardings are in place and feedback has been positive
- Regular social media and press releases are circulated on both Trusts social media page
- Ensure that patients are engaged in the development of the CDC services
- To keep the population informed about how they will access the services (transport links, parking facilities etc.)
- Use the CDC as a showcase to help attract people into the healthcare professions
- Diagnostics to be delivered as standard to encourage aspirant population health.
- Website needs further development – but is up and running:
<https://www.nth.nhs.uk/services/tees-valley-diagnostic-centre/>
- Stockton Borough Council have included mentions in their staff briefings and we have appeared in their update on a recent business newsletter about the whole Waterfront development

Workforce Plans for 23/24 & 24/25

- Recruitment and workforce education and training are being implemented in line with plans.
- Responses to recruitment adverts is positive for a number of roles.
- Opportunities for existing staff to train and develop into roles.
- Collaboration with Teesside University, Newcastle University and Further Education Colleges.

Department	Roles	Band	Total WTE	Update
Cardiology	Echocardiographer	Band 7	3.6	1 recruited. 1 in training
	Trainee Echo	Band 5	1	Recruited
	Clinic Support Worker	Band 2	2.2	out to advert
	Cardiographer Asst	Band 3	1.2	1WTE recruited
	Physiologist	Band 5	1.2	
	Admin Assistant	Band 2	1.2	Out to advert
Respiratory	Assistant Practitioner - Respiratory	Band 6	2.4	1 in training
	Clinical Support Worker	Band 2	2.4	recruited / blended role as below
	Apprentice Lung Physiologist	Band 5	2	1 recruited
	Lung Physiologist	Band 5	2	Blended role as alternative workforce
	Admin Assistant	Band 2	2.4	out to advert
Radiology	Radiographer - X Ray	Band 5	1.2	Recruited
	Radiographer - X Ray	Band 6	1.2	Recruited
	Radiographer - MRI	Band 6	4.8	Out to Advert
	Health Care Assistant - Radiology – MRI	Band 3	2.4	Interview being scheduled
	Radiographer – CT	Band 6	7.2	shortlisting
	Health Care Assistant – CT	Band 3	3.6	recruiting
	Sonographer – Ultrasound	Band 7	4.8	3 recruited, 2 in training
	Health Care Assistant – Ultrasound	Band 2	4.8	Recruiting
	Admin Assistant	Band 2	6	Out to advert
Sleep	Healthcare Science Assistant	Band 3	2	Recruiting / blended role as above
Phlebotomy	Phlebotomist	Band 3	2	Recruited

Activity – 24/25 expectation

The attached shows the total number of tests we are planning to deliver in the first year from go-live in each area

Investigation	Total
Plain Film X-Ray	3810
Ultrasound (NOUS) without Contrast	4720
CT with Contrast	2700
CT without Contrast	300
MRI with Contrast	508
MRI without Contrast	3302
Full lung function tests	726
Ambulatory BP monitoring	83
12 lead ECG	232
Trans Thoracic Echocardiogram	1838
Ambulatory Electrocardiography	502
Sleep Studies	1716
Spirometry	208

Key Milestones

- Progress on site continues to develop at pace, air handling equipment has been delivered, ventilation duct installation and mechanical pipework to the plant room is ongoing as is the first fix electrical containment partition walls on the ground and first floor
- The equipment list (C-sheets) have been worked through thoroughly with clinical teams in readiness for ordering, with procurement providing a detailed version inclusive of supplier, size, description, product code and lead times for each item.
- IT systems are ordered, with colleagues holding regular meetings to ensure that the functional capability of systems of both North and South Tees systems will be built onto each computer. This will provide extra assurance that all patients referred from anywhere in Teesside will receive the same level of service whilst attending the Hub.
- Commissioning and testing of diagnostic equipment and operational systems is planned in as part of the facility handover process and the facility nears completion.

Work in the Hub is due to be complete in readiness for opening late Autumn 2024 - whilst this work is ongoing, a number of diagnostic tests are currently being delivered from Lawson Street to help with activity and patient accessibility until the opening of the hub.

Pathway Work

Initial meetings were held several months ago between programme management and clinical colleagues to discuss and agree ways that the CDC can support reviewing and developing pathways which are already established in the Foundation Trusts.

We have liaised with both North and South Tees Cancer Services teams to obtain and analyse data to see where we can support with diagnostic capacity in the Hub.

Workshops were held with clinical teams on Friday 6th and Tuesday 10th September, where current pathways will be discussed in detail to understand each element of the patient pathway, and where best we support improvements (if needed).

The aim and benefit to doing this is:

- Offering more opportunities for non-urgent diagnostics within the hub,
 - This frees up time for services to focus on urgent patients and pathways
- Tackling areas of Population Health Management through discussions and intervention,
 - Providing opportunities for delivering clinics from the hub will support services reducing long wait times
- Discussing high pressure areas in the Acute Trusts to look at opportunities to support,
- Meeting with business intelligence and Cancer Service colleagues to understand the current waiting list times:
 - Understanding these figures helps services address underlying causes of delay, helping to reduce these times at source

Questions?

HEALTH AND WELLBEING BOARD - FORWARD PLAN

<p>30 October 2024</p>	<ul style="list-style-type: none"> • Health Protection Collaborative Update (Sarah Bowman, Rob Miller) • Winter Plans (ICB) • Right Care, Right Person (Dominic Gardiner) • Members' Updates • Forward Plan
<p>27 November 2024</p>	<ul style="list-style-type: none"> • Integrated Mental Health Strategy Group (Sarah Bowman Abouna) • SEND Strategic Action Plan • BCF Schemes and Quarter 2 (Yvonne Cheung) • Members' Updates • Forward Plan
<p>18 December 2024</p>	<ul style="list-style-type: none"> • Alcohol Strategic Group Update (Sarah Bowman Abouna/Mandy McKinnon) • Tobacco Alliance Update(Sarah Bowman Abouna/Mandy McKinnon)
<p>29 January 2025</p>	<ul style="list-style-type: none"> • Health Protection Collaborative Update (Sarah Bowman, Rob Miller) • Members' Updates • Forward Plan
<p>26 February 2025</p>	<ul style="list-style-type: none"> • Members' Updates • Forward Plan
<p>26 March 2025</p>	<ul style="list-style-type: none"> • Domestic Abuse Steering Group Update (Sarah Bowman Abouna/Mandy McKinnon)

	<ul style="list-style-type: none"> • Members Updates • Forward Plan
30 April 2025	<ul style="list-style-type: none"> • Health Protection Collaborative Update (Sarah Bowman, Tanja Braun, Rob Miller) • Members' Updates • Forward Plan

To be scheduled:

- Multiple Complex Needs – Peer Advocacy Pilot (**Sarah Bowman Abouna/Mandy Mackinnon**)
- Pharmacy Provision/ Update on Community Pharmacies (**ICB**)
- Primary Care Update (GPs, dentists and optometry) (**ICB – Emma Joyeux**)
- Fairer Stockton on Tees (**Jane Edmonds, Haleem Ghafoor**)

Scheduled items Frequency:

- Domestic Abuse Steering Group Update (March and September) (**Sarah Bowman Abouna/Mandy McKinnon**)
- Alcohol Strategic Group Update (June and December) (**Sarah Bowman Abouna/Mandy McKinnon**)
- Integrated Mental Health Strategy Group (May and November) (**Sarah Bowman Abouna/Tanja Braun**)
- Tobacco Alliance Update (Usually June and December) (**Sarah Bowman Abouna/Mandy McKinnon**)
- SEND Strategic Action Plan (Usually May and November)
- Health Protection Collaborative Update (Usually January, April, July and October) (**Sarah Bowman, Tanja Braun, Rob Miller**)

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday 29 May 2024.

Present: Cllr Bob Cook (Chair), Cllr Lisa Evans, Cllr Pauline Beall, Cllr Dan Fagan, Cllr Steve Nelson, Carolyn Nice, Cllr Sylvia Walmsley, Lynn Hall (sub for Cllr Diane Clarke) Jon Carling, Dominic Gardner, Tanja Braun (Sub for Sarah Bowman Abouna), Cllr John Coulson (Sub for Cllr David Reynard)

Officers: Nicola Bell, Michael Henderson, John Devine, Fergus Neilson, Dawn Powell, Andrea Hogg, Grace Wali, Neil Mitchell, John Kemp

Also in attendance:

Apologies: Fiona Adamson, Cllr Diane Clarke OBE, Cllr David Reynard, Sarah Bowman Abouna, Cllr Stephen Richardson, Cllr Marcus Vickers, David Gallagher, Peter Smith, Jonathan Slade, Majella McCarthy

1 Declarations of Interest

For Transparency Councillor Steve Nelson declared an Other Registerable Interest in the 'Physical Activity and Healthy Weight Steering Group Update' report, as he was a member of the Tees Active Board.

Jon Carling declared an Other Registerable Interest in the 'Integrated Mental Health Strategy Group' report, as he was Chief Executive of Catalyst.

2 Minutes of the Meeting held on 24 April 2024

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

3 Health Protection Collaborative – Immunisations and Screening

Members received a report and presentation that provided an update on key outcomes and issues in relation to immunisation and screening programmes delivered in Stockton on Tees

Key issues highlighted and discussed:

Immunisation

- Members recognised the importance of encouraging the population to take up available vaccinations to guard against outbreaks of disease. It was noted that historic rates of vaccination had not been high enough to prevent outbreaks e.g. MMR and Pertussis, where cases were increasing. Members noted some of the interventions being undertaken to increase coverage.
- There was a clear correlation between drop in uptake of vaccinations and increases in outbreaks, so services needed to be vigilant and proactive, all the time.

- Education was an important factor in keeping uptake high but the sources of information that people used were not always reliable government and public health information should be the first port of call.
- It was felt that general pressure on services, eg. Primary Care and difficulties getting appointments could impact negatively on uptake.
- Programmed vaccinations were undertaken by the commissioned Schools' Immunisation Service but GPs would be involved in providing vaccinations of any pupils who had been missed.
- Outreach vaccination services included visits to schools, community centres etc
- Catalyst and NHS England would meet to discuss engaging with hard to reach groups.

Screening

- The screening programme caught life threatening diseases early and was an essential element of preventing early deaths.
- Lung health screening programme was comparatively new and was being developed. Stockton on Tees was one of the first authorities to host the programme; uptake had been good and detection better than had been anticipated.
- The increase in frequency of diabetic eye screening from 12 months to 24 months, for low risk patients, was medically safe and had been agreed by the National Screening Committee.
- The Newcastle Pilot study of using a screening bus, in areas of low uptake was at a very early stage and an evaluation would not be available for a number of months.
- It was explained that there was an established, and successful, Abdominal, Aortic, Aneurysm programme of screening for men over 65.

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

Integrated Mental Health Steering Group

The Board considered a presentation and report relating to community mental health transformation..

The presentation detailed the core aims of the transformation:-

- To deliver a new mental health community-based offer which allows for collaborative pathways across the system it operates within.
- Create a core mental health service which is aligned with primary care networks and voluntary sector organisations
- Ensure services were accessible to the community it serves and inclusive of population need.
- Allow the individual seeking advice and support the right care, at the right time in the right place and in doing so ensure timely access to care.

The report provided updates on suicide prevention work, mental health crisis and the Prevention Concordat for Better Mental Health

Key issues highlighted and discussed:

- Members considered that the 'no wrong door' delivery model, described in the presentation was exceptional. In addition, having the benefits advisors in the wellbeing hub was very positive, as people with mental health problems were more likely to be in debt and being in debt was a factor in poor mental health.
- Mental Health issues, associated with Covid had impacted on poor communities more than others. The lack of social contact during the lockdowns had had a negative impact on lots of people's mental health but this had been greater for people who already had issues before lockdown. Demand for services had gone up but also the severity of mental health issues had increased, significantly.
- People were not being turned away. Funding would continue to be a challenge.
- The urgent care system would be aligned and embedded in the Hub, to provide the complete offer.

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

4 Physical Activity and Healthy Weight Steering Group Update

The Board considered a report that provided an update on progress achieved by the Physical Activity & Healthier Weight Steering Group (PA&HWSG) and partners since November 2023. As a subgroup of the Health and Wellbeing Board, the report also outlined future proposed developments of the steering group.

The Board was provided with details of a Sport England Place Partnership Development application.

Members noted that the Steering Groups membership and terms of reference

had been reviewed and now outlined the strategic approach for physical activity and healthier weight.

Key issues highlighted and discussed:

- Members supported the work that was going on and the range of activities that were available, for people to engage in. The uptake of activities and continued use of them demonstrated that messages were working and showed the value people were placing on their health.
- It was agreed that combining strategic approaches to physical activity with healthy weight was a sensible development.
- There was a role for medical interventions, in weight management, for a small number of people, but this would predominately be undertaken by the NHS. 71% of the borough's residents were overweight and the interventions undertaken by the Council were mainly whole population based with some focus on individuals and groups. These interventions were in place to try and prevent the need for invasive and more expensive medical interventions.

RESOLVED that:

1. the presentation and report on Physical Activity Developments, and on the Healthy Weight Strategic Approach, be noted.
2. the Sport England Place Partnership Development application be endorsed.
3. the next steps for Physical Activity & Healthier Weight Developments be endorsed.

5 Tees Valley Area Integrated Care Partnerships – 2 February 2024

The minutes of the meeting of the Tees Valley Area Integrated Partnership held on 2 February 2024 were considered.

RESOLVED that the minutes be noted.

6 Members' Updates

It was explained that a question had been received regarding the fluoridisation of the water supply, from a member of the public. This would be presented at Council and a response provided.

It was raised that some residents had had some problems getting access to a national consultation of the fluoridisation issue.

7 Health and Wellbeing Board – Forward Plan

RESOLVED that the forward plan be noted.

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Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday 26 June 2024.

Present: Cllr Bob Cook (Chair), Cllr Lisa Evans, Cllr Pauline Beall, Sarah Bowman Abouna, Cllr Lynn Hall (Sub for Cllr Diane Clarke OBE), Cllr Dan Fagan, Michael Houghton, Matt Storey, Cllr Steve Nelson, Cllr Stephen Richardson, Fiona Adamson, Jon Carling, Dominic Gardner, Majella McCarthy, Cllr John Coulson (Sub for Cllr Marcus Vickers)

Officers: Yvonne Cheung, Michael Henderson

Also in attendance:

Apologies: Carolyn Nice, Cllr David Reynard, Peter Smith, Jonathan Slade, Cllr Marcus Vickers
Cllr Sylvia Walmsley

1 **Declarations of Interest**

There were no declarations of interest.

2 **Minutes of the Meeting held on 29 May 2024**

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

3 **Better Care Fund Update**

Members considered a report that provided an update on the submission of the Stockton-on-Tees BCF Year end report and the BCF Plan Addendum which was submitted to the National Better Care Fund Team, NHS England on 23 May and 10 June respectively.

Discussion and key points, included:-

- Consideration should be given to including local metrics, for example, mental health discharges.
- The weekend discharge service had been decommissioned as the allocated funding had not been used.
- Home to Hospital Service had not been renewed as there had been consistently low uptake.
- Data needed some contextual information.

RESOLVED that the Board endorses the submission of the Stockton-on-Tees BCF Year end 23/24 report and BCF Plan Addendum to NHS England as part of the reporting requirements set out in the BCF Planning Requirements 23-25.

Tackling Alcohol Related Harms – An Update

The Board considered a report related to work that tackled alcohol-related harms in the borough which involved the development and implementation of a system-wide, strategic approach across partners. The report also provided an update on some of the activities underway under this system-wide approach, including alcohol licensing; local comms and campaigns; treatment pathways; and data collection.

Members noted a range of strategic and operational delivery to reduce alcohol-related harm in Stockton-on-Tees continues to expand and improve at both a community and individual level. Work continued to build pathways of support across agencies in recognition that our most vulnerable residents were likely to experience additional issues e.g. mental ill health, homelessness etc. Co-production and working with local communities was a priority locally and preventing and addressing alcohol harm would remain important under the new Joint Health and Wellbeing Strategy, currently being developed.

Discussion and key points, included:-

- An overlay of socio economic information would be useful in future reports.
- It was suggested that there was a drinking culture in the North East that increased hospital admissions.
- The impact of alcohol misuse is greater in lower income communities.
- It was confirmed that the Board supported a Minimum Unit Price Policy.
- The Board felt that peer support worked well.
- Members asked that Recovery Connections be contacted and a request be made to show a Co-produced video, from its Peer Support members, at a future meeting. The video describes the journey of people who have been through the alcohol substance services and wanted to tell their stories to help others and professionals learn.
- Members would be provided with the current guidance on alcohol consumption.
- Work with Children and Young People would be provided in the next update.
- Members noted work relating to the Making Every Contact Count approach.
- The next update would include alcohol pricing and the licensing system.
- Public Health and Planning to consider what controls on licenced premises could be exercised, via the Local Plan.

RESOLVED that:

- 1, Discussion be noted and actioned, as appropriate.
2. the system-wide activities underway, to help tackle alcohol-related harms, in the borough, be noted.
3. the workforce-training and Making Every Contact Count (MECC) offer, for all key staff across the local system be supported.
4. a further update on alcohol pricing and licensing, as part of the next update, on alcohol to the Board, be provided.

4 Tobacco Alliance Update

The Board considered a presentation relating to;-

- Smoking prevalence in the Borough
- Stop smoking services
- Government Funding and the Stop smoking services support grant 24/25
- Work of the Smokefree Alliance including Health Needs Assessment recommendations
- The release of workforce for brief intervention training.

Discussion and key points, included:-

- A number of focus groups had been held with smokers, in the community, and links had been made with smokers via the Community Wellbeing Champions' Network.
- The Council was keen to link with organisations' workforces to provide training.
- Future funding would become clearer after the General Election and the partners would need to consider how some of the work would continue if funding was changed.
- The Board noted the significant implications for all services needed for people choosing to continue to smoke, in terms of health, social care etc.

RESOLVED that;

1. The discussion be noted and actioned as appropriate.
2. The ongoing work be endorsed.
3. The release of workforce for brief intervention training/embedding in roles be supported the update and presentations be noted and the proposals included be endorsed.

6 Members' Updates

Stockton on Tees Adult Social Care Service would be undergoing a Peer Review Inspection week commencing 8 July 2024. Also, the Council had received notification from the CQC that it would be inspecting the service within the next 6 months. Outcomes from both inspections would be provided when available.

The Health and Wellbeing Hub was open, with a launch scheduled on 26 July 2024.

ICP meetings had been cancelled due to their proximity to the General Election.

Hartlepool and Stockton Health's community outreach bus had been delivered and recently had held a test event, with 40 people attending.

7 Health and Wellbeing Board – Forward Plan

Joint Health and Wellbeing Strategy to be added for July, plus organisation of future board meetings, including widening contributions and increase in children and young people related items.

Healthwatch to be contacted regarding its Annual Report and Dentistry Report.

Right Care, Right Person to be scheduled for September.

RESOLVED that the forward plan be noted.

Health & Wellbeing Board

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

Present: Cllr Bob Cook (Chair), Cllr Lisa Evans, Cllr Diane Clarke, Karen Hawkins, Sarah Bowman Abouna, Peter Smith, Cllr Steve Nelson, Cllr Sylvia Walmsley, Fiona Adamson, Dominic Gardner, Majella McCarthy, Matt Wynne, Lucy Owens

Officers: Michael Henderson

Also in attendance:

Apologies: Cllr Pauline Beall, Michael Houghton, Cllr David Reynard, Cllr Dan Fagan, Cllr Stephen Richardson, Jonathan Slade, Matt Storey, Cllr Marcus Vickers

1 **Declarations of Interest**

There were no declarations of interest.

2 **Minutes of the Meeting held on 26 June 2024**

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

3 **Healthwatch Annual Report**

Members considered the Healthwatch Annual Report 2023/2024. The Board received specific updates relating to Healthwatch's reviews of Dentistry and Drugs and Alcohol.

Discussion and key points:

- The Board noted the challenges, for residents of the Borough, in accessing dentistry services and recognised the need for national reform. ICB had been delegated responsibility for dentistry from NHS England and planned significant investment across its area, which included Stockton.
- Members were informed that the finalised Dentistry report, by Healthwatch, would be presented to the Board as soon as available.
- It was explained that anyone in need of urgent dental care should initially contact local dentists. However, if they were unable to secure an urgent appointment they should ring 111, where they would be triaged and directed to emergency dental care, if appropriate.
- Future commissioning of dental services would be flexible and look at targeting patients in most need, as well as general care and prevention.

RESOLVED that the Annual Report and updates on Dentistry and Drugs and Alcohol be noted.

Joint Health and Wellbeing Strategy

The Board considered a presentation relating to the final stages of the development of the Joint Health and Wellbeing Strategy.

The presentation made recommendations relating to the approach, timeline and content of the Strategy.

RESOLVED that the recommendations, as detailed in the presentation, be approved and the draft Health and Wellbeing Strategy be presented to the Board's September meeting.

4 Health Protection Collaborative - Update

The Board considered a presentation relating to health protection issues produced by the Health Protection Collaborative.

Discussion and key points, included:-

- Information on shingles and the shingles vaccine would be forwarded to Board members.
- Flu vaccination cohorts had been announced and would commence on 1 September. Covid vaccination cohorts would be announced shortly.

RESOLVED that the update and discussion be noted.

6 Health and Wellbeing – Function and Development

It was explained that, during the recent workshop sessions, to develop the new Health and Wellbeing Strategy, for the borough, it had been agreed to revisit the functions of the Board, the format of Board meetings and the opportunity for Board development. The first proposed steps for the Board's consideration and approval were:

- Arrange development sessions to follow the next three Board meetings. The sessions would potentially receive some external facilitation.
- Amend terms of reference as necessary

The report proposed areas of focus for the development sessions:

- Board Function, added value, oversight, co-production, assurance, impact/performance.

Each development session would consider what the discussion would mean for the Board's Terms of Reference.

Discussion:-

It was important that impact/performance data was contextualised e.g. a narrative provided if the local system was an outlier in any area

RESOLVED that the proposals for the Board's development sessions be approved.

Members' Updates

There were no updates

7 Health and Wellbeing Board – Forward Plan

It was agreed that non urgent items be deferred to future months to allow as much time as possible on the development sessions that would follow the next three meetings.

Right Care Right Person to be deferred to October.

Winter Plans to potentially come in September

Draft Joint Health and Wellbeing Strategy – September

Development sessions and a resetting of the Forward Plan, in January, would provide an opportunity to balance the business being considered across children and adults. Presentations as a system was considered the best approach.

RESOLVED that the Forward Plan be noted.

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

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

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

Date (4.00pm unless stated)	Topic	Attendance
	Regional / Tees Valley Health Scrutiny Update Health and Wellbeing Board: Forward Plan (Sep 24) & Previous Minutes (May, Jun & Jul 24)	
19 November	CQC / PAMMS Quarterly Update: Q2 2024-2025 SBC Care and Health Winter Plan Making it Real Board – Update Review of Reablement Service <ul style="list-style-type: none"> • TBC 	Darren Boyd Sarah Bowman-Abouna Carolyn Nice / Angela Connor / Rob Papworth
17 December	North Tees and Hartlepool NHS Foundation Trust (NTHFT): Maternity Services Update (TBC) Review of Reablement Service <ul style="list-style-type: none"> • TBC Regional / Tees Valley Health Scrutiny Update	
21 January 2025	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2023-2024 (TBC) Care Quality Commission (CQC): State of Care Annual Report 2023-2024 Monitoring: Progress Update – Care at Home (TBC) Review of Reablement Service <ul style="list-style-type: none"> • TBC 	Debbie Robinson
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 Regional / Tees Valley Health Scrutiny Update	
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

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

Work Programme 2024-2025

Monitoring Items

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