

Date: Tuesday 17 December 2024 at 4.00 pm

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

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

Cllr Stefan Barnes
Cllr John Coulson
Cllr Lynn Hall
Cllr Vanessa Sewell

Cllr Carol Clark
Cllr Ray Godwin
Cllr Jack Miller

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 19 November 2024. (Pages 9 - 16)
- 5 North Tees and Hartlepool NHS Foundation Trust: Maternity Services Update** (Pages 17 - 30)
- 6 Scrutiny Review of Reablement Service**
To consider information from the North Tees and Hartlepool NHS Foundation Trust (NTHFT) in relation to this scrutiny topic (to follow).
- 7 Regional Health Scrutiny Update** (Pages 31 - 40)
- 8 Chair's Update and Select Committee Work Programme 2024-2025** (Pages 41 - 44)

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 19 November 2024.

Present: Cllr Marc Besford (Chair), Cllr Carol Clark, Cllr John Coulson, Cllr Lynn Hall, Cllr Vanessa Sewell

Officers: Carolyn Nice, Rob Papworth (A,H&W); Martin Skipsey, Gary Woods (CS)

Also in attendance: Denise Ross, Jak Savage MBE (Making it Real Board); Kathryn Warnock (North East and North Cumbria Integrated Care Board)

Apologies: Cllr Nathan Gale (Vice-Chair), Cllr Stefan Barnes, Cllr Ray Godwin

ASCH/41/24 Evacuation Procedure

The evacuation procedure was noted.

ASCH/42/24 Declarations of Interest

There were no interests declared.

ASCH/43/24 Minutes

Consideration was given to the minutes from the Committee meeting held on 22 October 2024.

AGREED that the minutes of the meeting on 22 October 2024 be approved as a correct record and signed by the Chair.

ASCH/44/24 Scrutiny Review of Reablement Service

The second evidence-gathering session for the Committee's ongoing review of Reablement Service focused on a submission from the North East and North Cumbria Integrated Care Board (NENC ICB). The NENC ICB Head of Commissioning and Strategy gave a presentation to the Committee which covered the following:

- What is Intermediate Care?
- Types of Intermediate Care
- Intermediate Care – Context
- Better Care Fund (BCF)
- National Condition 2 – Enabling people to stay well, safe and independent at home for longer
- Stockton-on-Tees BCF Governance
- BCF Metrics
- Intermediate Care Framework
- Community Rehabilitation and Reablement Model

Beginning with an overview of how 'intermediate care' was defined and what it involved, it was explained that 'reablement' was one of the four main types of care

offered within this short-term support model (alongside home-based, bed-based, and crisis response care). Reablement support was delivered in someone's own home or usual place of residence, and endeavoured to help individuals recover skills, confidence and maximise independence. It was most commonly delivered by social care practitioners.

National 'Hospital discharge and community support' policy had placed increased demand / pressure on 'step-down' intermediate care services, with significant national and regional focus on 'Discharge to Assess' (rather than assessments in hospital) and early discharge (once a patient did not meet the criteria to reside) to support acute hospital pressures. To support this approach, the Better Care Fund (BCF) was used as a mechanism to bring NHS services and Local Authorities together to tackle strains faced across the health and social care system and drive better outcomes for people – this was underpinned by two core objectives; 1) to enable people to stay well, safe and independent at home for longer, and 2) provide people with the right care, at the right place, at the right time. Reablement services were one of the Stockton-on-Tees BCF schemes to meet this first objective, a metric of which was '*the proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services*'.

The BCF framework required ICBs and Local Authorities to formulate a joint plan (owned by the Health and Wellbeing Board) which was governed by an agreement under section 75 of the NHS Act (2006). A BCF Delivery Group, in conjunction with a Pooled Budget Partnership Board (PBPB), had oversight of the delivery and monitoring of this plan, reviewing current schemes and agreeing future proposals / business cases – this involved several operational working groups / forums to support transformation (including the ongoing partnership around SBCs *Powering Our Future*-related reablement developments).

Bringing the presentation to a close, the NHS England good practice guidance for ICBs (commissioners and providers) titled '*Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge*' was referenced. This document outlined what ICBs needed to do jointly as a health and care system to plan, design and deliver services, with considerations around demand, capacity and expectations. Finally, the community rehabilitation and reablement model was highlighted which demonstrated an individual's journey from admission to an acute inpatient / virtual ward, admission for rehabilitation in the community, delivery of rehabilitation interventions and, where required, transition for long-term / ongoing needs.

The Committee opened its questioning by asking if there was any flexibility in the duration of the existing six-week reablement offer and to what extent the 91-day metric was being met locally. The NENC ICB representative confirmed that the reablement service was available up to a maximum of six weeks but that, in some cases, an individual required support for a lesser amount of time. As far as the national metric was concerned, around 86% of people were still at home 91 days after discharge from hospital into local reablement or rehabilitation services (this placed Stockton-on-Tees as the third best performer in the North East and second only to Middlesbrough within the sub-region).

Continuing with the theme of data, Members sought clarity on priority area 4 (improve data quality and prepare for a national standard) of the NHS England good practice guidance for ICBs. In response, the Committee heard that the development of a

standardised dataset would aid the identification and evaluation of the best ways in which individuals can achieve independence. The intermediate care offer can vary across different locations, though the local priority was very much on people gaining and maintaining independence for as long as possible.

The Committee asked about the virtual ward model and how this was operating across the Borough. The SBC Director of Adults, Health and Wellbeing (in attendance for a subsequent agenda item) stated that whilst local performance was just behind the national average, it compared well against other regional areas. In related matters, it was also confirmed that high-level BCF metrics were considered by the Stockton-on-Tees Health and Wellbeing Board on a quarterly basis.

A query was raised as to whether the ICB received any feedback on the local reablement service from partners or the public – Members were informed that it did not as this was delivered through SBC (it was noted that the ICB was not permitted to hold patient-level data). Discussion ensued around the importance of the relationship between services and those accessing them, a crucial link which can ensure any issues were raised and addressed in a timely manner. The Committee fully endorsed engagement with service-users and those with lived experience in terms of shaping the present and future offer.

Referencing the recent expansion of the Borough's reablement offer, the Committee questioned whether the ICB supported this development. Assurance was subsequently given that the ICB supported SBCs proposal to bring the service in-house.

Returning to the NHS England good practice guidance, the Committee asked how the NENC ICB was addressing the recommended actions (up to March 2025) stated within this document. Members heard that a gap analysis had been undertaken against the intermediate care framework as part of the SBC *Powering Our Future* work, and that monitoring of developments relating to intermediate care services was conducted at the ICB place sub-committee, with the local Health and Wellbeing Board having oversight as part of BCF-related updates (the regional Integrated Care Partnership (ICP) also existed to check and challenge the status quo). Members emphasised the important role of scrutiny in holding services to account.

AGREED that the information presented by the North East and North Cumbria Integrated Care Board be noted.

ASCH/45/24 CQC / PAMMS Inspection Results - Quarterly Summary (Q2 2024-2025)

Consideration was given to the latest quarterly summary regarding Care Quality Commission (CQC) inspections for services operating within the Borough (Appendix 1). Five inspection reports were published during this period (July to September 2024 (inclusive)), with attention drawn to the following Stockton-on-Tees Borough Council (SBC) contracted provider:

Providers rated 'Good' overall (1)

- Roseville Care Centre had maintained its previous overall rating of 'Good' despite recent concerns being received by the CQC in relation to care, safeguarding, risk management, staffing, the environment, and the leadership of the home.

The remaining four reports were in relation to non-contracted providers. Homecare agency, Kensington Home Care, received an overall rating of 'Good' (with all domains graded 'Good'), whilst three dentistry services (Roseworth Dental Centre, Hardwick Dental Practice, and Grange Dental Practice) were all deemed to meet regulations.

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

- Four services maintained their overall rating of 'Good'. Of these, The White House Care Home retained its 'Excellent' grade in the 'personalised care / support' domain, Reuben Manor improved its 'safeguarding and safety' domain from 'Good' to 'Excellent', and Windsor Court Residential Home was again deemed 'Good' across all domains. Millbeck, meanwhile, improved its 'safeguarding and safety' domain from 'Requires Improvement' to 'Good', but saw its 'suitability of staffing' domain downgraded from 'Good' to 'Requires Improvement'.
- The remaining three reports involved services which were given an overall rating of 'Requires Improvement'. Green Lodge and Roseworth Lodge Care Home were both downgraded from their previous overall rating of 'Good', whilst The Maple Care Home, despite improvements in the 'safeguarding and safety' domain (which was now 'Good'), saw all other domains deemed 'Requires Improvement'.

Commentary initially centred on those services achieving a 'Good' rating overall, with The White House Care Home benefitting from a stable management team which had been in place for a number of years (Members also noted their visibility within the community in facilitating activities for residents). Given the historic issues faced by both settings, the Committee was particularly pleased to read the feedback on Reuben Manor and Windsor Court Residential Home, with officers stressing the achievements of the former in obtaining an 'Excellent' grade for its 'safeguarding and safety' domain – a level which was hard to reach given the very high bar used by the SBC Quality Assurance and Compliance (QuAC) Team.

Attention switched to local provision requiring improvement. A change of leadership involving the recruitment of a new manager and deputy manager at Green Lodge was highlighted, as was the uncovering of issues which were now being addressed (the provider was actively engaging with SBC and was demonstrating improvement). In terms of Roseworth Lodge Care Home, inspection outcomes were disappointing given the previous support they had received from SBC, and it was felt that failings in management were at the heart of the service's shortcomings (which included a lack of assurance around adequate DBS checks). In response to a Committee query around the availability of peer mentoring between care homes, Members heard that Roseworth Lodge had been referred for support from SBC Transformation Managers, but that ultimately the service needed to get better at helping itself. The local Leadership Network, where providers worked more collaboratively, was also noted.

The outcomes from The Maple Care Home inspection were discussed, with officers commenting that the Council had faced challenges with this provider over a number of years. A new manager was now in post which had led to increased engagement with SBC. However, the service was close to being placed in the Responding to and Addressing Serious Concerns (RASC) process, with a required Action Plan still yet to be submitted (this was being chased).

AGREED that the CQC / PAMMS Inspection Results – Quarterly Summary (Q2 2024-2025) report be noted.

ASCH/46/24 Making it Real Board - Update

The Committee received an update on the work of the Making it Real Board which was created in early-2024 to help shape the delivery of Stockton-on-Tees Borough Council (SBC) services. Introduced by the SBC Director of Adults, Health and Wellbeing, key elements were outlined as follows:

- What: The Making It Real Board (MIRB) was a user-led group made up of people with lived experience who were accessing, supported people who were accessing, or may benefit from services delivered by Adults and Health.
- Why: The MIRB was a strategic group, with a clear Terms of Reference to collaborate directly with senior colleagues on work the Council planned to do / was currently doing, and to contribute towards future services. MIRB was about co-production, not engagement.
- Who: The MIRB had a core membership of people with lived experience, supported by SBC officers from the Commissioning Team and senior staff from Adult Social Care. As the MIRB had evolved over the past nine months, there had been some movement in membership from those with lived experience. Further work would need to be progressed to expand the pool of people who would like to engage in this process from across the population to ensure positive representation.
- How: The MIRB met monthly and, where necessary, had established task and finish groups to work on areas of interest.
- Where: The MIRB had recently completed the development of the Council's first 'Local Account', which would be published if there was agreement at SBC Cabinet on 14 November 2024. For 2025-2026, the MIRB would be working with partners to review and refresh the Adult Strategy 2025-2029 (there was an aspiration for this to be a co-produced document rather than one written solely by officers).

The Board's Chair and Vice-Chair were both in attendance to comment on the achievements made since its inception earlier in the year. Emphasising the importance to her personally about ensuring the voices of those with lived experience were heard and that Board members considered perspectives wider than their own circumstances, the Chair stated that the Board's remit was to drive, alter, influence and shape thinking around services. Crucially, there was a desire for the Board's feedback to be listened to and actioned.

The Chair felt that SBC was leading the way in providing a platform for such a group (other locations were now setting up similar arrangements), and that the Board had a genuine feel about it. Investigative work had been undertaken across all areas of the Council and the Board had been empowered to report on what was important to those with experience of services and what such individuals wanted to know. The citizen-to-citizen relationship was key, and the co-production of service planning was now important to the Care Quality Commission (CQC) – the Board's existence should therefore put SBC in a good position ahead the forthcoming CQC inspection of its adult social care provision.

The Vice-Chair added that the Board had spoken to different SBC departments, had presence on the Council's website (which had included discussions on making this information accessible for all), and was trying to encourage engagement from people with all types of disability. The feeling of being listened to and involved was echoed, with the recently collated 'Local Account for Adults, Health and Wellbeing' being a good example of this (a document which could be brought to a future Committee meeting if requested) – positive experiences in liaising with the Local Government Association (LGA) to report on the Board's work was also noted, something which had prompted the initiation of similar set-ups elsewhere. Whilst the Chair and Vice-Chair were in post for three years, there was, however, a need to recruit more members to the Board.

Thanking the Board for its work (in particular the new Local Account) since being formed, the Committee praised those involved for using their own experiences to benefit others. Members were also pleased that the Board had engagement with the SBC Cabinet Member for Adult Social Care, and drew attention to the similarities between the Committee and the Board in holding services to account – as such, maintaining a partnership with each other would be helpful in getting things right at grass-roots level. The SBC Director of Adults, Health and Wellbeing noted that the Board was an evolving entity which might look different in 2025 – ultimately, though, it was about how the Council becomes more accountable to its communities.

Referring to the earlier comment about increasing Board membership, the Committee probed the current arrangements and any perceived gaps in representation. In response, the importance of the whole Board promoting equality, diversity and inclusivity was stressed, as was the need to get notice of its existence out to all areas of the Borough (using print and online methods, including press coverage). This month's focus was on building a recruitment policy (covering a range of ages, backgrounds and experiences), with the hope of doubling membership from the current six to 12.

The Committee asked what level of budget was linked to the Board and whether the Local Account would be produced in hard copy. For the former query, it was stated that £15,000 had been sourced from the NHS for the purposes of co-production of services – for the latter, assurance was given that printed copies of the Local Account would indeed be made available and places in appropriate locations (e.g. libraries / surgeries).

AGREED that the Making it Real Board update be noted.

ASCH/47/24 Chair's Update and Select Committee Work Programme 2024-2025

CHAIR'S UPDATE

The Chair notified the Committee that he would be interviewed by the Care Quality Commission (CQC) next week as part of the regulator's impending visit to inspect the Stockton-on-Tees Borough Council (SBC) adult social care function.

The SBC Director of Adults, Health and Wellbeing added that CQC inspectors would be onsite for two days and would also be talking to a range of personnel including herself, staff within the directorate (sessions for whom had been held to prepare them for the visit), the SBC Chief Executive, and the SBC Cabinet Member for Adult Social

Care. Informal feedback was scheduled to be received on 5 December 2024, though the formal report was unlikely to be available until early-2025 (which would be shared with the Committee).

It was noted that feedback following inspections of other Local Authority adult social care provision had highlighted the role of Council scrutiny functions – as such, there may be some learning for the Committee.

WORK PROGRAMME 2024-2025

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 17 December 2024 and would include the latest update from North Tees and Hartlepool NHS Foundation Trust regarding its maternity services. Evidence-gathering for the ongoing review of Reablement Service would also continue with anticipated contributions from local NHS Trusts.

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

17 December 2024

NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST: MATERNITY SERVICES UPDATE**Summary**

Senior representatives of North Tees and Hartlepool NHS Foundation Trust (NTHFT) will again address the Committee to give a further update on developments in relation to the Trust's maternity services. This will be the third such update following issues raised by the Care Quality Commission (CQC) in 2022 regarding NTHFT maternity provision, and will also include details of the Trust's review of its community midwifery offer after concerns were raised by the Committee in early-2023.

Detail

1. In March 2022, the high-profile Ockenden Report was published (see link below) following an independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust, a report which included a number of recommendations for all NHS Trusts.
 - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064302/Final-Ockenden-Report-web-accessible.pdf
2. The Committee regularly monitors published CQC reports and consider these on a quarterly basis at its formal public meetings. In September 2022, Members were made aware of the latest CQC findings in relation to NTHFT's maternity services (see link below) which resulted in the Trust being downgraded from 'good' to 'requires improvement' overall.
 - <https://api.cqc.org.uk/public/v1/reports/f877d342-ae10-48cc-9783-f99144e029fc?20220916070419>
3. Senior NTHFT representatives attended Committee in November 2023 to respond to the CQCs findings and update Members on actions the Trust was taking to address identified issues. A summary of discussions is included in the minutes which can be accessed via the following link (see item ASCH/32/23):
 - <https://moderngov.stockton.gov.uk/ieListDocuments.aspx?CId=1140&MID=1294#AI2244>
4. Early in 2023, Members raised concerns about inconsistencies in the offer of home visits for pre- and postnatal checks (instead requiring expectant / new mothers to go to Endurance House for appointments), a situation which meant the identification of potential safeguarding issues may be being missed. NTHFT subsequently submitted the following response (circulated to the Committee in March 2023):

Antenatal

- *All women who reside in Stockton / Billingham / Wynyard and surrounding areas are asked to attend an antenatal clinic appointment in Endurance House – this is a practice that has been in place for some time.*
- *Women attend a Community Midwives appointment in a clinic setting in accordance with NICE guidance as it is not appropriate to measure GROW on anything other than a clinical couch.*

Postnatal

- *The team have undertaken postnatal clinics at Endurance House since COVID emerged (when many other facilities were closed) and have reported that they have observed a significant reduction in women DNA appointments since the postnatal clinics have been established.*
- *Women who are unable to attend a postnatal clinic appointment are offered a choice of a home visit. Women reportedly prefer to be given an appointment time which can be facilitated in clinic rather than being advised they will be visited between the hours of 9.00am – 5.00pm.*
- Initial postnatal visits (first visit after discharge from hospital – ‘day 1’ (day after the day of discharge))
 - *If this falls on a Monday to Friday, these are undertaken at home.*
 - *If this falls on a weekend, due to current staffing pressures (national issue regarding midwifery workforce), all women due a ‘day 1’ visit are contacted by a Community Midwife, and an agreement is made between them regarding a home visit or attendance at clinic. The team have found this method of communication is much better than providing a leaflet as it gives the midwife a chance to speak to the woman and personalise the care depending on need.*
 - *Women are provided with information (verbally, not written) about home visits / attending clinic prior to discharge before going home from the post-natal ward (note: this will also have been discussed antenatally from 34 weeks onwards (verbally) and documented in hand-held notes).*
- Subsequent visits (at 5 days and then at discharge (around 10 days)) are generally at clinic but discussed at each contact with the women regarding preference and adjustments made for home visit if preferred.

NTHFT stated that there is never a circumstance where someone will not receive a home visit at all. All women would have had a home visit at some point within the pathway (antenatal or postnatal) to ensure no safeguarding concerns.

5. Following further concerns received in relation to the existing offer, the NTHFT Chief Nurse / Director of Patient Safety and Quality initiated a full review of the community maternity service. As noted at the November 2022 meeting, the Trust was working with a maternity safety advisor through NHS England and, with their help, had commissioned a Regional Midwife to support the community review led by the Trust’s new Associate Directory of Midwifery (who started with NTHFT at the beginning of March 2023). The Trust’s Maternity Voices Partnership Chair was also asked to do some focused work at Endurance House with the women and families using the service.
6. The NTHFT Director of Nursing and the NTHFT Associate Director of Midwifery are scheduled to be in attendance and a presentation has been provided for consideration (see attached).
7. In preparation for this item, Members may wish to familiarise themselves with the following:
 - Maternity Survey 2023 (NTHFT outcomes)
<https://www.cqc.org.uk/provider/RVW/surveys/36>
 - CQC national review of maternity services in England 2022 to 2024
<https://www.cqc.org.uk/publications/maternity-services-2022-2024>

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North Tees and Hartlepool
NHS Foundation Trust



North Tees and Hartlepool Foundation Trust: Maternity Services

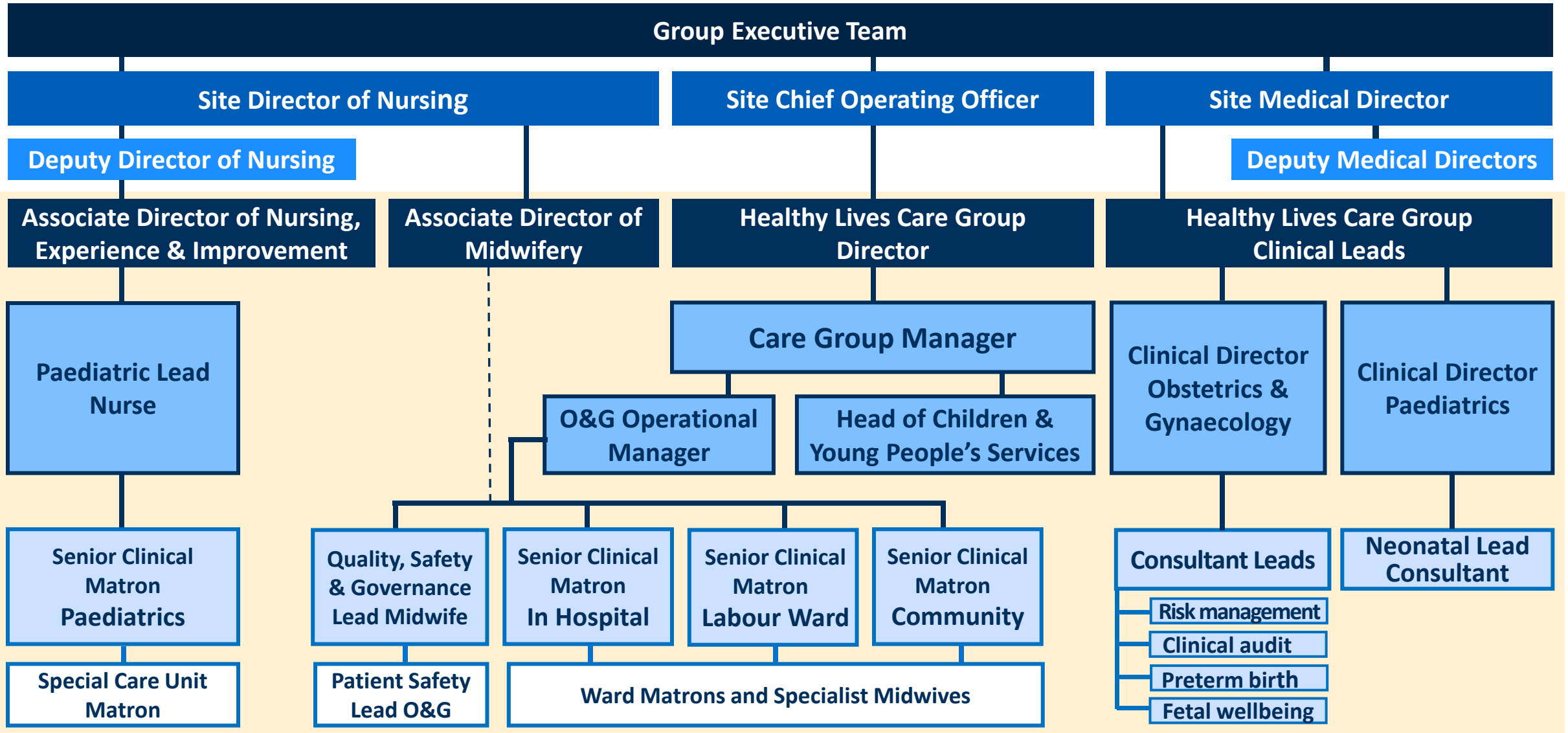
17th December 2024



Caring
Better
Together

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Perinatal Organisational Structure



Maternity CQC position



Must Dos	Actions	Progress
The service must ensure that all care of women and their babies is undertaken in line with national guidance and best practice (Regulation 12(1))	Guideline lead appointment , improved position Embedded membership at ACE meeting, Learning events.	
The service must ensure effective governance structures are in place to continually improve the quality and standards of care (Regulation 17(1) and 17(2))	Governance structures revised: Operational and Quality & Safety oversight. Ward – Board structure	
The service must ensure that systems are put into place to ensure staffing is actively assessed , reviewed and measures put in place to improve retention (Regulation 18(1))	BR+ establishment compliant. Daily staffing huddles and escalation process. Active recruitment and retention processes. Culture work via AQUA	
The service must ensure appropriate midwifery leadership is in place (Regulation 17(1) and 17(2))	Recruited an Associate Director of Midwifery and three senior clinical matrons to strengthen the midwifery leadership structure. • Community, Labour Ward, Post Natal Ward & Maternity Day Assessment Unit, Quality, Safety and Governance	
The service must ensure women who need additional care have access to appropriately trained specialist midwives (Regulation 12(1))	Expanded midwifery workforce with specialist midwives: bereavement, preterm birth, vulnerabilities	
The service should work with other trust services to implement baby abduction training	Schedule for simulation drills	



Maternity Improvement plan

- Maternity Incentive scheme year 6 - on track for compliance
 - Compliant for year 5
- Maternity triage
- Community services
- New method of Induction of Labour
- Enhanced models of maternity care
- Workforce
 - On-going recruitment and retention
 - Staff health and wellbeing
- Perinatal culture and leadership programme





Community

- Family hubs
- Choice of location
- Flexible work patterns
- Parent education
- Aqua natal

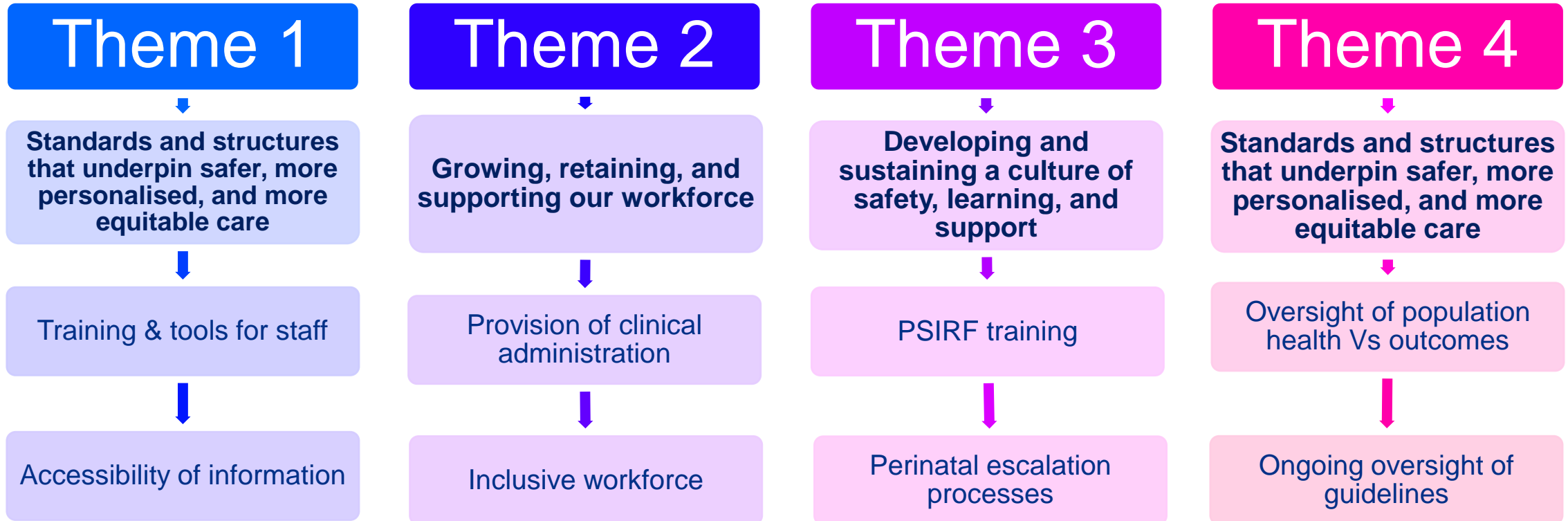
Maternity survey & CQC maternity services report

Personalised care
Data intelligence
Outcomes delivery
Workforce

Fundamental principles addressed in current maternity improvement plan



Maternity and Neonatal Three year service delivery plan





NORTH TEES & HARTLEPOOL
Maternity & Neonatal Voices
 Working in partnership to improve maternity & neonatal services



PLAN OF WORK 2024-2025

Listen & reflect the views & experiences of **everyone** in the local community



Keep those voices at the heart of the decision-making within the Trust by working with local leaders and the LMNS

In-person sessions:
 Local parent groups
 Charities locally
 On the hospital wards
 Listening events
 Focus groups
 Meetings



FEEDBACK

Other feedback:
 Online surveys & padlets
 Social media platforms
 Email

Run free local events:
 Mini first aid sessions



Close-Knit CIC sessions



Prioritise hearing from women, birthing people, babies and families who are most at risk of experiencing health inequalities, **including** Black, Asian, Minority Ethnic Groups, Refugees, Asylum Seekers, and those living in the most deprived areas



Key areas for work:
 Bereavement
 Induction of labour
 Informed consent
 Mental health
 Pelvic health
 Infant feeding

Maternity & Neonatal
 Reaching out to hear from those who have experienced local maternity & neonatal services
 Supporting & working with local charities & voluntary sector organisations
 Collaborating with Trust on all changes and improvements to maternity & neonatal services.

Important considerations:
 LMNS Equity & Equality
 NHS England Guidance
 3-year single delivery plan
 Mandatory training
 MIS Safety Action 7
 CQC Maternity Survey
 Mandatory training for leads

What else:
 Raising awareness
 Translation of materials
 Posters and leaflets
 Paper surveys
 Attendance at Trust meetings including quality, safety & governance, as well as improvement groups



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Clinical Research and Quality Improvement

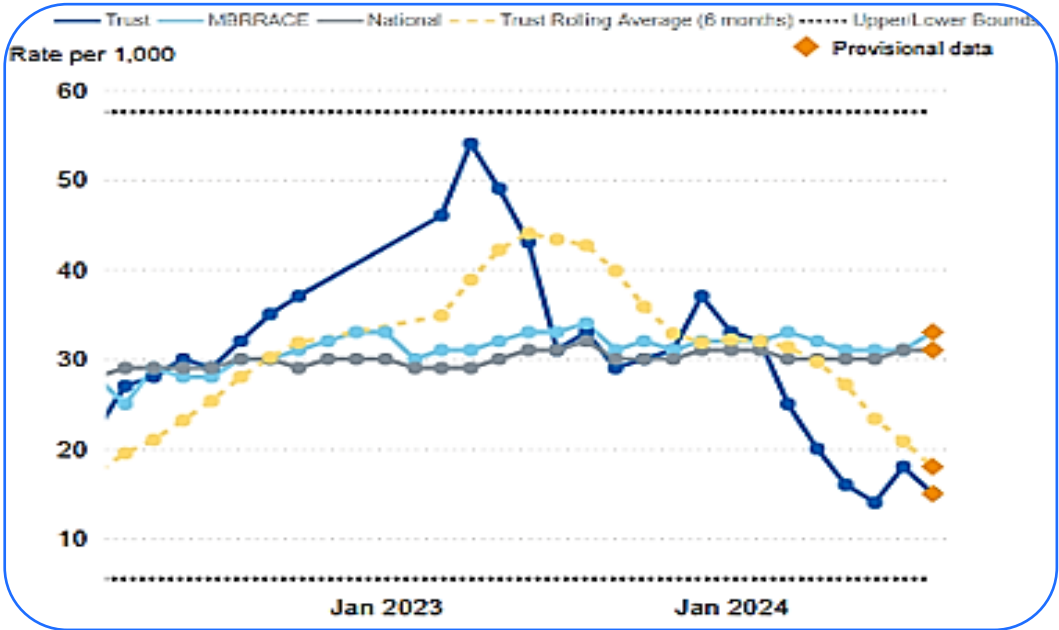


- 10 research and 14 QI projects
- Multiple Principal Investigators
- Multiprofessional team approach

'The team at the hospital were brilliant in explaining the purpose and the importance of the study'



'You have been one of the lead sites throughout this study – the work you have done is fantastic'



NeoTRIPS
 Babies <34 weeks
 >80% expressed breast milk within 6 hours



Successes



- Implemented BadgerNet - electronic patient record
- Reduced the midwifery and consultant workforce vacancy rate
- Neonatal nurse staffing trialling nursing associates role
- Offering more community appointments from family hubs and introduced aquanatal at Peterlee
- Infant feeding specialist role for community and scoping a project for support workers for the postnatal ward
- Through donations we have refurbished the bereavement suite





North Tees and Hartlepool
NHS Foundation Trust



Thank you



Caring
Better
Together

Adult Social Care and Health Select Committee

17 December 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. Hartlepool Borough Council is hosting (providing the Chair and support function) this Committee during 2024-2025.
2. The last meeting was held on 7 November 2024 and included the following agenda items:
 - Minutes of the meeting held on 19 September 2024 (see **Appendix 1**)
 - North East and North Cumbria Integrated Care Board (NENC ICB): Winter Plan Update
 - Opioid Prescribing and Dependency Across the Tees Valley
 - Tees Suicide Prevention Strategic Plan
 - Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): Health Inequalities in the Tees Valley
3. The next meeting is scheduled for 9 January 2025 – anticipated items include a further TEWV update on Tees Respite Care, a Clinical Services Strategy Update ('Group' model), and a Palliative and End-of-Life Care Strategy presentation.

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 continues to promote 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 NENC ICB '**Here to Help this winter**' webpage provides information on choosing the right NHS service for your needs, looking after your mental health, keeping a well-stocked medicine cabinet, or getting your vaccines (see <https://northeastnorthcumbria.nhs.uk/here-to-help-winter/>).
 7. Health leaders in the region have welcomed new Government money to **help people back into work** by offering extra support in health services such as GP practices and hospitals. The Government has confirmed funding for the North East and North Cumbria Health and Growth Accelerator scheme, to place work and health coaches in GP practices and other services to offer advice, coaching and support to people when health issues become a barrier to working. See <https://northeastnorthcumbria.nhs.uk/news/posts/nhs-to-help-patients-back-to-work/> for more information.
 8. Ahead of the NENC ICB signing up to the Menopause Workplace Pledge, a call to improve **support for women through the menopause** was issued in October 2024 – for more details, see <https://northeastnorthcumbria.nhs.uk/news/posts/let-s-do-better-on-menopause-says-region-s-nhs/>.
 9. Members are reminded of the **NENC ICB annual report and accounts** 1 April 2023 – 31st March 2024 which 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

MINUTES AND DECISION RECORD

19 September 2024

The meeting commenced at 10.05 am in the Civic Centre, Hartlepool.

Present:

Responsible Authority Members:

Darlington Borough Council - Cllr Holyroyd, Cllr Layton
Hartlepool Borough Council - Cllr Boddy, Cllr Roy
Middlesbrough Council - Cllr Morrish
Redcar and Cleveland Borough Council – Cllr Cawley, Cllr Crane (substitute for Cllr Curr), Cllr Kay
Stockton Borough Council - Cllr Hall, Cllr Besford

Also Present:

Sarah Paxton - Head of communications, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
Jamie Todd - Director of Operations & Transformation, TEWV
Naomi Lonergan - Interim Managing Director, TEWV
John Savage - TEWV
Kim Lawson, Strategic Head of Commissioning (Tees Valley), North East and North Cumbria Integrated Care Board (NENC ICB)
Ann Bridges - Executive Director of Corporate Affairs and Involvement, TEWV
John Stamp - Associate Director of Partnerships and Strategy, TEWV
Julian Penton – VCSE partner, Hartlepower Community Trust
Michael Houghton - Director of Transformation, North Tees and Hartlepool NHS Foundation Trust (NT&HFT)
Jayne Pailor, NT&HFT
Andrea McLoughlin – Preventing Suicide (Tees) Public Health Practitioner, Middlesbrough Council

Officers:

Gemma Jones, (HBC)
Caroline Leng (R&CBC)
Chris Lunn (MC)
Joan Stevens, (HBC)
Gary Woods (SBC)

1. Appointment of Chair

Nominations for a Chair for this Committee were sought, and Councillor Boddy was nominated and agreed.

Councillor Moss Boddy in the Chair.

2. Appointment of Vice Chair

Nominations for a Vice Chair for this Committee were sought, and Councillor Cawley was nominated and agreed.

3. Apologies for Absence

Cllr Curr, Cllr Cooper, Cllr Moore, Cllr Scott, Karen Hawkins and Hannah Miller.

4. Declarations of Interest

Councillor Boddy declared that he was a Governor at TEWV.

5. Minutes of the meeting held on 15th March 2024

Confirmed.

6. Minutes of the Tees Valley Area Integrated Care Partnership (ICP) meeting held 2nd February 2024

Noted.

7. Tees Valley Joint Health Scrutiny Committee - Protocol and Terms of Reference

Agreed.

8. Respite Care/Adult Learning Disability Service Update

(Director of Delivery, NENC ICB and Director of Operations and Transformation, TEWV)

Prior to the item being presented the Chair acknowledged the understandable anxiety around changes to the current respite provision for families and service users, describing this provision as a 'lifeline'. Emphasis was also placed on the need for improvements in line with the CQC guidelines/recommendations and advised that the purpose of the changes were to ensure that this service could continue albeit in a different format to the one currently in place.

The Committee received an update in relation to the proposed changes to respite care in Teesside. This was led by the Interim Managing Director and the Director of Operations & Transformation for TEWV. A number of factors were highlighted to explain the need for changes to the service. They were to ensure –

- The service continued to provide the highest quality of care for people.
- That the service could support families who may require support in future
- That the buildings were providing the best environment to care.
- They complied 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 that support can be provided to more families.

The Committee was informed that TEWV will submit notice on the current respite provision on the 20th September 2024, giving notice of 12 months. Whilst the 12 months is contractual, TEWV has committed to providing respite service until an alternative provision is developed. The change will affect the properties at Bankfields Court in Middlesbrough and Aysgarth in Stockton. The Trust will continue to work with families and partners affected and provided reassurance that they will continue to deliver the same level of care until an alternative provision is put in place. TEWV and NENC ICB outlined a commitment to regularly working with families, staff and Committees with regards to these changes.

A Representative from the NENC ICB outlined the process for engagement, which they will lead, and gave an overview of the work that had already taken place. A series of engagement events were due to take place between October and December 2024 and two not for profit organisations had been commissioned to carry out this work. This will include looking at what bed based service is required. The events are aimed at trying to engage as many voices as possible, alongside regular communication with service users and families. There is also an opportunity to speak 1:1 with staff members.

It was explained that although notice had been served on the current service, an alternative service would be commissioned. The NENC ICB were committed towards delivering a service that was fit for purpose for people with profound and severely complex needs. Emphasis was placed on honesty and transparency throughout the whole process.

The difficulties and the impact of prolonged hospital stays were outlined. It was also explained that there was a continuing commitment to supporting people in their own homes.

Members suggested that an update be brought back to the Committee regarding the engagement work with families and service users.

During questions from Members, it was noted that providing respite care is a legal requirement. Reassurance was given that this was not a cost saving exercise and current service users would continue to be given respite care in the new service. This would differ for individuals depending on their level of need and would be determined by a needs assessment involving families and carers.

Previously the CQC had outlined specific challenges with the current respite service including the building structure, restrictions of being able to provide

single sex accommodation, insufficient individual bathrooms and the limited hand washing facilities. It was also noted the complexity of need had changed since the building of the site.

A Member referenced previous reports regarding the underutilisation of Bankfields Court and was pleased to see that occupancy levels had increased. Reference was also made to the fact that the issue of respite care was brought to the Committee some years ago.

In the discussion that followed, Members outlined the importance of this service and welcomed families being involved in the consultation process. A question was raised regarding the issue of staff retention. It was confirmed that the Trust would continue to work closely with staff at Bankfields court and Aysgarth and that they would be involved in the engagement process. They acknowledged there was a pressure on learning disability staff across the country but that both sites were currently fully staffed. Staff were keen to be part of the transition and would continue to support the families involved.

Members emphasised that involving families in this process was essential and reassurance was given by Representatives that this was not a 'hard stop'. Although the notice period was 12 months, support would continue after this date as commissioning a new service would take time.

The Chair requested that the Committee be updated in the future with regards to what is working well and any queries and concerns. Members echoed that familiar faces were key and were pleased to see that the service would not end until an alternative service was put in place.

A query was raised with regards to the respite provision for those with SEND, particularly those aged between 18-25 and asked what was in place to protect those in this transition period. It was explained that this piece of engagement work was around the respite provision at Bankfields court and Aysgarth in particular. A wider piece of work around respite in general was needed to look at this issue as a whole across the Tees Valley. It was acknowledged there is a lack of resources during this transition period for young people and that any change in provision would take time.

Concerns were raised about the impact on carers and their mental health and reference was made to the most recent CQC report. It was agreed that the CQC report would be circulated to Members.

In response to concerns regarding the current state of respite provision it was explained that due to ongoing challenges and the introduction of new standards there was a need to re-evaluate this service and that keeping families at the heart of this was key. This process was to enable continuous improvement across all areas. The Trust expressed the view that working with families and the voluntary sector was key to getting this right.

The Chair commented that there was a need to move things forward with the consultation and expressed his thanks to the Representatives for the update.

Decision

- (i) The content of the presentation was noted as well as the position and rationale for change.
- (i) The CQC report from October 2023 be circulated to Members.
- (ii) Respite service engagement findings, solutions and outcomes be brought back to the Committee at a later date.

9. TEWV Community Mental Health Transformation Update (Representatives from TEWV and Hartlepower Community Trust)

A presentation was provided to the Committee to outline the Community Transformation Model. Background was provided with regards to the launch of the community mental health framework in 2019, aimed at redesigning services and creating a mental health service aligned with Primary Care Networks, Local Authorities and the Voluntary Care Sector.

The Community Transformation model is designed to remove barriers to people accessing support. Based on the 'I thrive' framework and supported by Care Navigators the model focuses on:

- Getting advice and keeping well through local community support and accessing online support.
- Getting help via GP practices / community hubs and improving physical health.
- Accessing treatment and Intervention Services.

Those accessing help and support can move between services and the guiding principles include 'no wrong door to get help'. This Model has been rolled out across the 5 Tees Valley Local Authorities and reference was made to the different improvement workstreams as detailed in the presentation.

It was highlighted to Members the commitment in ensuring the model responds to what people want and that patient voice was central to designing services. This process had been supported by Healthwatch.

Part of this work included developing roles in Primary Care. It was noted that the Primary Care Network model has been successfully delivered and that only 2% of those accessing the service were stepped up into secondary care services.

A Representative from Hartlepower Community Trust advised they were pleased to be working alongside TEWV to develop new ways of supporting adults experiencing emotional distress. This is a move away from the medical model in understanding mental health and instead focuses on the social issues associated with emotional distress. Investment funding had meant that more people can now get their social, emotional and medical

needs met in the community. This model places an emphasis on partnership working and building collaborative working relationships. The ‘weekly huddle’ was an example of services coming together.

In the discussion that followed reference was made to the 111 service being utilised for accessing help and support with mental health and a query was raised regarding the number of people accessing the service. It was advised that accessing the 111 service for mental health support had now been rolled out nationally and that further communications would be circulated about this. It was advised the demand for this service was high and that an update with regards to this service could be brought back to a future Committee meeting.

A query was raised in relation to the care navigators and their background. Members were advised that care navigators were recruited from a range of backgrounds and experience, some with lived experience. A peer support service was also identified for development.

Members asked about the data in relation to only 2% of people being stepped up to secondary care services. It was advised that all other service users had their needs met through other routes such as accessing talking therapies. Members went on to ask about the data relating to footfall and improvement to patient flow. The TEWV Representative commented that previously it had taken a long time to wait for specific assessments and that this had now changed because of this service. People were now being filtered to the best service to meet their needs and this was not always mental health services. Access to help and support was now much quicker.

A Member asked why GP services were not included in the ‘Getting advice and keeping well section’ of the Model. It was agreed that GP services were an essential part of this process. Mental health services were now in GP practices and all reception staff had been trained on this system wide offer.

Members welcomed the Model and thanked Representatives for their presentation.

Decision

- (i) The content of the presentation was noted.
- (ii) An update would be provided to the Committee at later date with regards the pilot for use of the 111 service to access mental health support.

10. Community Diagnostics Centre – Update (*Director of Transformation – NT&HFT*)

An update was provided to the Committee in relation to the progress of the Community Diagnostic Centre (CDC) Hub being built on the Stockton site, and the Spoke sites at Hartlepool Hospital, Friaridge Hospital and Redcar Primary Care Hospital. The aims and the objectives of the CDC Hub and Spoke Sites were detailed within the presentation.

In the discussion that followed the issue of staffing and IT systems were explored. It was noted that staff have taken part in visits to the site in Stockton and being involved in the development of this site. The aim was to also attract people who want a career in diagnostics. Members queried the key risks associated with the work force and it was highlighted that some service areas were difficult to recruit to. Measures being taken to manage this included the use of apprenticeships to 'grow our own' workforce and that further recruitment and training was underway. A key development of the CDC Hub was working towards the use of one IT system. It was anticipated that within the coming months the IT system will be a 'cross over system' between sites. The CDC Hub at the Stockton site was waiting on an electricity supply and then the installation of equipment could begin. A possible site visit by Committee Members was discussed.

Improvements to cancer pathways were also discussed and examples were given with regards to this. There was limited capacity to have outpatient services working from the Stockton site however, moving some services out of the acute hospitals would free up space.

Questions arose from the presentation including the provision of children's services. It was advised that children services would remain unchanged and that not every service would be transferred to the CDC Hub site.

A question was raised with regards to the use of Artificial Intelligence (AI) and Members were advised that this was largely used as a reporting tool and not a diagnostic tool however, some AI packages were being trialled across the region.

Further queries were raised regarding IT packages. Information was provided in terms of the end goal to have 1 integrated IT system and that steps to complete this would take place over the coming months.

The issue of renewable energy was also highlighted, and it was advised that this site would be taking green energy into account.

A question was raised about whether there were plans for a CDC Hub in Darlington. Representatives advised that this site was unable to be replicated everywhere but that patient flow across the Tees Valley had been explored as well as travel issues. Colleagues in Country Durham had enhanced their diagnostic service and also invested in the Bishop Auckland site.

Members thanks Representatives for their update and welcomed the changes to the diagnostics process for the Tees Valley.

Decision

- i) The presentation was noted.
- ii) That a CDC Hub site visit be considered by the Committee.

11. Work Programme for 2024/2025

The Work programme for 2024/25 was discussed and further items were identified for inclusion including –

- Hospital Discharge services and unhealthy home environments.
- Feedback from the use of 111 service for support with mental health.
- Respite engagement findings, solutions and outcomes.
- An update from CAMHS with regards to waiting times for assessment and diagnosis including ADHD and Autism.
- Vaping in young people.
- Social Prescribing.
- New Home builds and the stretch on health services.

Decision

- (i) Further items identified to be considered for the work programme for 2024/25 and discussed at the next Committee.
- (ii) Information be circulated with regards to Stockton Borough Council's Scrutiny Review of Hospital Discharge.

12. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 12.50pm.

CHAIR

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
	Care and Health Winter Planning Update Regional / Tees Valley Health Scrutiny Update Health and Wellbeing Board: Forward Plan (Sep 24) & Previous Minutes (May, Jun & Jul 24)	Sarah Bowman-Abouna
19 November	CQC / PAMMS Quarterly Update: Q2 2024-2025 Making it Real Board – Update Review of Reablement Service <ul style="list-style-type: none"> • North East and North Cumbria Integrated Care Board (NENC ICB) 	Martin Skipsey Jak Savage MBE / Denise Ross / Carolyn Nice Kathryn Warnock
17 December	North Tees and Hartlepool NHS Foundation Trust (NTHFT): Maternity Services Update Review of Reablement Service <ul style="list-style-type: none"> • North Tees and Hartlepool NHS Foundation Trust Regional / Tees Valley Health Scrutiny Update	Stephanie Worn / Beth Swanson Matt Wynne / Jill Foreman / Victoria Cardona
21 January 2025	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2023-2024 Care Quality Commission (CQC): State of Care Annual Report 2023-2024 Review of Reablement Service <ul style="list-style-type: none"> • SBC <i>Powering Our Future</i> – Feedback on work of SBCs delivery partner, Peopletoo 	Adrian Green / Carolyn Nice Debbie Robinson TBC
18 February	Overview Report: SBC Adults, Health and Wellbeing (TBC) Monitoring: Progress Update – Care at Home (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 	

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

2024-2025 Scrutiny Reviews

- Reablement Service

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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