

Date: Tuesday 18 February 2025 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 21 January 2025. (Pages 9 - 16)
- 5 Scrutiny Review of Reablement Service**
To consider information from the following in relation to this scrutiny topic: (Pages 17 - 40)
 - Voluntary, Community and Social Enterprise (VCSE) Sector (via Catalyst)
 - Service-user / family / carer feedback
 - Other Local Authority approaches / good practice regarding reablement
- 6 CQC / PAMMS Inspection Results - Quarterly Summary (Q3 2024-2025)** (Pages 41 - 68)
- 7 Pharmaceutical Needs Assessment 2025** (Pages 69 - 74)

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

(Pages 75 - 78)

Members of the Public - Rights to Attend Meeting

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

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

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

KEY - Declarable interests are:-

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

Members – Declaration of Interest Guidance



Table 1 - Disclosable Pecuniary Interests

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

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

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

Table 2 – Other Registerable Interest

You must register as an Other Registrable Interest:

- a) any unpaid directorships
- b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority
- c) any body
 - (i) exercising functions of a public nature
 - (ii) directed to charitable purposes or
 - (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management

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

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

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

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

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

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

Microphones

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

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ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

A meeting of Adult Social Care and Health Select Committee was held on Tuesday 21 January 2025.

Present: Cllr Marc Besford (Chair), Cllr Nathan Gale (Vice-Chair), Cllr Stefan Barnes, Cllr Carol Clark, Cllr John Coulson, Cllr Lynn Hall, Cllr Jack Miller, Cllr Tony Riordan (sub for Cllr Vanessa Sewell)

Officers: Angela Connor, Rob Papworth (A,H&W); Gary Woods (CS).

Also in attendance: Adrian Green (Teeswide Safeguarding Adults Board); Selinda Chouhan, Jasmine Tamer (Peopletoo)

Apologies: Cllr Vanessa Sewell

ASCH/55/24 Evacuation Procedure

The evacuation procedure was noted.

ASCH/56/24 Declarations of Interest

There were no interests declared.

ASCH/57/24 Minutes

Consideration was given to the minutes from the Committee meeting held on 17 December 2024. Attention was drawn to the following:

- Chair's Update and Select Committee Work Programme 2024-2025: Reference was made within the 'Chair's Update' element to the planned engagement with the elderly population in relation to the forthcoming Stockton and Darlington Railway bicentenary celebrations during 2025. Further clarity had recently been received on what was intended and would be shared with the Committee following this meeting.

As noted within the 'Work Programme 2024-2025' element of this item, Care Quality Commission (CQC) representatives were scheduled to present an overview of the national State of Care Annual Report 2023-2024, along with a reflection on local provision, at the January 2025 Committee meeting. However, the CQC had recently confirmed that it would be unable to fulfil this request due to time and workload constraints. The Committee Chair would be following this up with the CQC in due course.

AGREED that the minutes of the meeting on 17 December 2024 be approved as a correct record and signed by the Chair.

ASCH/58/24 Teeswide Safeguarding Adults Board (TSAB) - Annual Report 2023-2024

The Committee considered the latest Teeswide Safeguarding Adults Board (TSAB) Annual Report for 2023-2024 (full report and Strategic Business Plan for 2022-2025

was provided in advance). Presented by the current TSAB Independent Chair (who had taken over from the previous incumbent in mid-2024), the following key features were highlighted:

- Structure: Covering the collective footprint of Hartlepool, Middlesbrough, Redcar & Cleveland, and Stockton-on-Tees, TSAB comprised six statutory Board partners (the four respective Local Authorities plus Cleveland Police and the NHS North East and North Cumbria Integrated Care Board), and was supported by 24 non-statutory organisations across Teesside and beyond. The Board worked collaboratively with partners to set the strategic direction for adult safeguarding in Tees, and sought assurance from partners that they had appropriate and robust safeguarding arrangements in place.
- Priorities: An overview of activity in relation to each of the Board's four priority areas demonstrated a number of notable achievements throughout the 2023-2024 reporting period, including:
 - 1) Joint Working (developing a whole system approach): Team Around the Individual (TATI) process fully reviewed and the new and re-branded High Risk Adults Panel (HRAP) launched; Policy, Procedure and Practice (PPP) Sub-Group reinstated to review the necessary TSAB policies and procedures; Joint Working Protocol outlining the relationship and working arrangements between TSAB, Hartlepool and Stockton Safeguarding Children Partnership (HSSCP), and South Tees Safeguarding Children Partnership (STSCP) developed; Trauma-Informed Practice training / workbook made available.
 - 2) People (ensuring the workforce is well trained, supported and equipped): Spotlight campaign on Modern Slavery and Sexual Exploitation (featuring a presenter with lived experience); new Adult Sexual Exploitation Toolkit launched; Quality Assurance Framework Self-Audit Tool reviewed; Thirteen Housing Group winning a National SAB Excellence Award for their excellent Self-Neglect and Domestic Abuse training was promoted.
 - 3) Communication (provide accessible and clear information, advice and support): Annual Consultation Survey reviewed and launched, providing opportunities for professionals and the public to inform the future direction and priorities of the Board (28% increase in responses compared to 2022-2023); Safeguarding Champions Event hosted, featuring a range of guest speaker presentations; continued use of engagement opportunities with professionals to recruit Safeguarding Champions.
 - 4) Services (commissioned and provided to meet individual need for those most at risk): Continued oversight of the governance arrangements for the Teeswide Safe Place Scheme (involving 89 locations); several multi-agency audits undertaken (themes included TATI, sexual abuse, modern slavery, incidents between residents, hospital discharge, and s.117 aftercare); new system (Power BI) implemented to produce high-quality performance reports; TSAB stall at the Annual Catalyst Conference & Awards Event and Stockton's Interfaith Forum to promote safeguarding materials and resources.
- Safeguarding Data: 2023-2024 saw 7,759 safeguarding concerns raised across the TSAB footprint, an increase of 11% compared to 2022-2023 (3,021 of which related to Stockton-on-Tees, a 79% increase compared to the previous reporting

year). This equated to a Tees average of 149 concerns per week, with the highest number being received from care homes (26%), NHS secondary care (12%), and social care (12%).

TSAB reported an 11% decrease in Section 42 enquiries being commenced during 2023-2024 compared with 2022-2023 (*note: the measurement of conversion rates for the number of safeguarding concerns that led to a Section 42 enquiry was not a national metric and was not a performance indicator measured by the Board*).

Regarding Section 42 enquiries, the most common locations of risk across Teesside remained a person's own home (42%) and care homes (39%), with the top areas of risk being neglect and acts of omission (27%), physical (21%), financial and material abuse (12%), and domestic abuse (12%). Whilst there had been decreases across all categories of abuse from 2022-2023, organisational abuse and discriminatory abuse had increased in 2023-2024.

Deprivation of Liberty Safeguards (DoLS) data (Appendix 2) continued to show Stockton-on-Tees as the Local Authority area receiving the most DoLS applications (3,230 during 2023-2024) – nearly 1,000 more than the next highest (Redcar & Cleveland).

- Performance Indicators: All four of the Board's 2023-2024 performance indicators (PIs) had been achieved (two of these required over 90% of individuals subject to a Section 42 enquiry to be satisfied with their outcome, and over 90% of individuals subject to a Section 42 enquiry having risk reduced or removed).
- Safeguarding Adult Reviews (SARs): Three SAR notifications were considered during 2023-2024 (a low number for the Tees area – this had already increased during the current 2024-2025 period), two of which progressed to a SAR, with one deferred pending LeDeR (Learning from Life and Death Review of people with a learning disability and autistic people). Four SARs were published in 2023-2024 – a summary of each was included within the report.

Concluding the presentation, the ongoing focus around transitioning into adult services and the emerging requirement to take an active interest in rough sleeping (including holding services to account) were both highlighted – issues which would likely be reflected in next year's Annual Report. It was also acknowledged that there was work to do on self-neglect (particularly in relation to multi-agency collaboration), information-sharing, and strengthening the culture around professional curiosity.

Commending the TSAB Independent Chair for his overview, the Committee began its response by requesting clarity over the reported 11% reduction in Section 42 enquiries being commenced during 2023-2024 – this appeared inconsistent with the stated data which showed 3,235 enquiries in 2023-2024, an increase from the 3,041 undertaken in 2022-2023. Further detail would be provided post-meeting.

Mindful that joint working arrangements between children's and adult services had been raised by the Committee as an area of concern in previous years, Members welcomed the development of a new protocol by the relevant Boards / partnerships charged with overseeing these two directorates. The Committee also emphasised the need for appropriate safeguarding training for all Council officers (not just those on the front-line) and for all Members – TSABs '*safeguarding is everyone's business*' ethos supported this approach, not least since potential concerns could be captured by all the Council's different services, and its workforce needed to know what abuse looked

like and how to report it. Assurance was given that all those who received a direct payment were offered safeguarding training as this was often a hidden market for abusive behaviour.

Reflecting on the amount of safeguarding concerns compared to the previous year, Members drew attention to the increasing awareness of neighbours noticing vulnerable adults not getting out of their home and / or not looking after themselves. It was TSABs view that a rise in numbers could be seen as reassuring in that more people knew how to, and subsequently did, report their concerns. It was then crucial that processes around escalating to Section 42 enquiries were right.

With reference to the 'Partner Activity' section of the report, the Committee welcomed Thirteen Housing Group's renewed focus on Safeguarding Champions and the new Alcohol Care Team (ACT) introduced by South Tees Hospitals NHS Foundation Trust. Members also noted Hartlepool Borough Council's 'Clean Sweep' initiative (work undertaken with voluntary, community and social enterprise (VCSE) partners to create a new deep clean, de-clutter and post-intervention psychological support service), but was unaware of anything similar locally. SBC officers advised that people in the Borough were supported in relation to the issue of hoarding, but that arrangements were not as established as those in Hartlepool – this was something the Council would be looking to strengthen in the future. The Committee reiterated past concerns around relevant professionals no longer going into homes and therefore not picking up on potential signs of abuse (e.g. maternity-related home visits).

Returning to the data quoted within the report, Members pointed to the level of safeguarding concerns being received from care homes (26%), a figure which was more than double of any other type of organisational setting. TSAB gave assurance that whilst this may raise valid concerns around that particular sector, reported incidents did not always merit a subsequent Section 42 enquiry and may instead be addressed via a different route. SBC officers added that there was an ongoing effort to ensure people (professionals and the public) raised issues through the right channels, and stated that the Council recorded all contact it received even if a case was not subsequently progressed through the safeguarding route. The SBC *Powering Our Future* initiative was also focusing on the 'front door' of Council services and simplifying reporting mechanisms.

Lastly, the Committee noted the implementation of Power BI (a system which helped to produce high quality performance reports) under TSABs fourth priority area (services). Members were advised that it was TSABs intention to have a prepared pre-read in advance of its Board meetings, highlighting key themes and analysis – this would ensure partners, such as the VCSE sector, had a narrative to digest ahead of Board business.

AGREED that the Teeswide Safeguarding Adults Board (TSAB) – Annual Report 2023-2024 be noted and further information be provided as identified.

ASCH/59/24 Scrutiny Review of Reablement Service

The fourth evidence-gathering session for the Committee's ongoing review of Reablement Service focused on feedback from the Stockton-on-Tees Borough Council (SBC) delivery partner, Peopletoo in relation to the findings of its review of local reablement provision as part of the ongoing SBC *Powering Our Future*-related work. In addition, consideration was given to tabled documents outlining service

budgets / costs for the 2023-2024 and 2024-2025 (up to 31 December 2024) periods, and proposed survey questions for existing staff.

PEOPLETOO

The SBC *Powering Our Future* initiative involved a range of transformation reviews, one of which focused on supporting people to live independently. As part of this work, the Council was exploring what reablement services needed to provide to support a broader range of people from local communities.

In 2024, SBC commissioned Peopletoo to assist the Council in assessing the impact of current ways of working and analyse the best model for continuing to support people to maximise their independence. Peopletoo had recently completed its work and, further to a Committee request, had submitted a presentation summarising the following:

- Project Scope – Reablement / Enablement / Rehabilitation: With a background in working alongside Local Authorities and a view to looking at ‘the art of the possible’, Peopletoo’s focus areas for its project in Stockton-on-Tees included reablement expansion, covering both people being discharged from hospital and people in the community. To get from where the service was now to where it needed to be, key lines of enquiry included:
 - Who / what was the optimum population the reablement service could expanded to in order to accommodate more hospital discharge / community support (return on investment / impact on people's lives)?
 - What was the most efficient model to deliver the new service (not just more staff, but technology, good practice, etc.)?
 - What size / type of reablement service would be needed to make a positive impact on people with a learning disability / autism / mental health needs through a reablement offer?
 - What would be the most effective method of delivering the service to people with a learning disability / autism / mental health needs?
- Peopletoo Review Activity: A range of interactions were undertaken which involved visits and shadowing teams, case reviews with professionals within Stockton-on-Tees, conversations with senior and regional leaders, and the analysis / benchmarking of data. Peopletoo encountered no barriers when conducting its work and found a positive culture across the Borough which reflected the openness and honesty of professionals.
- Overview of key findings from Reablement: Peopletoo was currently working with SBC to validate data – once the full report was finalised, representatives were happy to report back to the Committee if required. Prior to this, some headline findings were relayed in relation to improved independence outcomes, increasing referrals, challenges with declined referrals, staff and workforce development, digital and technological integration, benchmarking and performance, and cost and resource efficiency.

- Overview of key findings from Hospital Discharge: Headline findings regarding reablement uptake, delays in hospital discharge, over-prescription and risk aversion, strain on Rosedale Centre, and Integrated Single Point of Access (ISPA) and multi-disciplinary gaps were noted.
- Overview of Overall Opportunities: Identified activity for the short-term included an enablement pathway pilot, enhancement of frontline training, and the streamlining in the way data was collected. Over the medium-term, reablement-based services could be enhanced, utilisation of resources optimised, and interdepartmental co-ordination improved. Longer-term, actions were proposed to embed reablement as core practice, sustain financial savings, and evaluate and scale successful models.
- How this could be implemented (Reablement): Key steps were outlined focusing on the themes of developing clear criteria and educating on the reablement offer, generating reablement capacity, the community referral process, and outcome monitoring and reporting.
- How this could be implemented (Hospital Discharge): Actions were identified within the themes of delaying root cause analysis and solution generation, a pathway decision-making workshop, positive risk enablement training and strength-based practice, and data collection, visibility and reporting. It was re-iterated that these proposals were high-level steps which were subject to existing workstreams and feedback on the final report.

Thanking the Peopletoo representatives for the information provided and their attendance at this meeting, the Committee sought clarity on when the final report was likely to be published. Members were informed that data was due to be reviewed this week, with a discussion to then be held with senior Council officers. In terms of timings, there was an attempt to align reporting with both the *Powering Our Future* and Committee reviews.

With reference to the proposed future opportunities (and how these could be implemented) for local reablement provision within the presentation, the Committee queried if these were likely to be replicated in Peopletoo's final report. It was confirmed that a paper was being produced (with costings) for each option – this would be presented to the *Powering Our Future* Board.

Regarding engagement with professionals, the Committee asked if Peopletoo spoke to the local Falls Service – it was subsequently confirmed that this team was indeed included within the case review workshop. Peopletoo noted that it was working with 15 Councils across the UK (details of one such example, Durham, was incorporated within the covering report for this agenda item), and also drew attention to the fact that its work in Stockton-on-Tees coincided with the inspection of SBC adult social care provision – it would therefore be interesting to see how far the regulator's findings (once published) echoed what was encountered by Peopletoo.

Turning to the key findings, Members wondered if the increasing rate of referrals into reablement provision (up 85% in October 2024 compared to October 2023) was reflective of any increase in the total number of people discharged from hospital over the same period. In terms of delays in hospital discharge, the Committee expressed surprise in the quoted '*812 days delayed reported within a 5-month period (June-November)*' – this was concerning given that local performance had frequently been heralded and held up as an example to others across the UK. SBC officers suggested

that the data could likely be attributed to the period around the transitioning of the previously commissioned Discharge 2 Assess (D2A) provision into reablement, and also provided assurance on additional capacity (Comfort Call) that had been brought in to bolster the offer. There was no current waiting list to access the service.

To create and maintain robust oversight of current and potential future demand within the Borough, the Committee suggested that there may be merit in a single database which relevant organisations could securely access. Members were informed of the existing social care system which recorded reablement-related activity, and that this provided a link between the Council and local hospitals. In addition, a recent decision had been made to introduce the Great North Care Record as a further way of sharing patient information – a dataset had been agreed and would include an opt-out system for individuals. The Committee expressed caution around the well-established challenges associated in making personal data / information accessible.

Concluding its questions, the Committee asked if Peopletoo were involved with any other Council departments (e.g. Children's Services). Representatives noted some work which was previously undertaken around transitions in Stockton-on-Tees, though that was not as detailed as this reablement-related project.

SERVICE BUDGET / COSTS

Following a previous request from the Committee, budget and expenditure statistics for the local Reablement Service were shared – this covered the complete 2023-2024 year, and the current 2024-2025 (up to 31 December 2024) period.

The Committee queried if the potential impact on costs of the proposed future service models identified through the work undertaken by Peopletoo would be factored into financial planning. SBC officers stated that 2025-2026 funding requirements were already being considered.

STAFF SURVEY

Proposed questions for inclusion in a survey which would be issued to all existing staff within the Reablement Service were shared and subsequently agreed.

AGREED that the information presented by Peopletoo, and the additional documents on Reablement Service budgets / costs and the proposed survey questions for existing staff, be noted.

ASCH/60/24 Chair's Update and Select Committee Work Programme 2024-2025

CHAIR'S UPDATE

The Committee Chair highlighted the recent Tees Valley Joint Health Scrutiny Committee meeting which was held on 9 January 2025 in Hartlepool. Agenda items included a further update on Tees Respite Care, a Clinical Services Strategy Update, a Palliative and End-of-Life Care Strategy presentation, and a North East Ambulance Service NHS Foundation Trust (NEAS) performance update.

WORK PROGRAMME 2024-2025

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 18 February 2025 where the final evidence-gathering session for the ongoing Reablement Service review would include contributions from the voluntary, community and social enterprise (VCSE) sector via Catalyst. The latest quarterly CQC / PAMMS inspection update (Q3 2024-2025) was also due, and a Pharmaceutical Needs Assessment presentation was anticipated following a request by the Committee.

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

Adult Social Care and Health Select Committee

18 February 2025

SCRUTINY REVIEW OF REABLEMENT SERVICE**Summary**

The fifth evidence-gathering session for the Committee's review of Reablement Service will consider views from the voluntary, community and social enterprise (VCSE) sector, feedback from those who have used local reablement provision, and examples of reablement activity / thinking from beyond Stockton-on-Tees.

Detail

1. Input from the voluntary, community and social enterprise (VCSE) sector was identified during the scoping phase for this review. Representatives from Catalyst (a strategic infrastructure organisation for Stockton-on-Tees which offers a range of specialist support, strategic operations, and a commitment to push forward the conditions in which its VCSE colleagues operate) were therefore asked to collate views from the sector in response to the following:
 - *How does the Stockton-on-Tees VCSE sector currently support individuals within their own home following their discharge from hospital (please provide any examples)?*
 - *Has Stockton-on-Tees Borough Council and / or local NHS Trusts previously / recently reached out to the VCSE sector to become more involved in providing this type of support?*
 - *Is there an opportunity for the VCSE sector to be more involved in the reablement pathway? If so, how?*

A presentation has been prepared and is included within these meeting papers. The Chief Executive of Catalyst, supported by a Project Co-ordinator, is scheduled to be in attendance to give a summary of this submission and address any subsequent Committee comments / questions.

2. The SBC Adults, Health and Wellbeing directorate was asked to collate views from service-users / families / carers and provide this for the Committee. Customer feedback is included within these meeting papers.
3. Other existing / potential approaches to reablement provision have been collated, with examples included within these meeting papers.
4. A copy of the agreed scope and plan for the Committee's review is included for information.

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Adult Social Care & Health Select Committee

Reablement Opportunities in the VCSE Sector in Stockton-on-Tees

Lucy Owens, CEO Catalyst

Megan Stevens, Project Coordinator



Current VCSE Support

- **No specific reablement services being delivered by VCSE organisations.**
- **Home But Not Alone – North Tees & Hartlepool NHS Foundation Trust**
- **Home From Hospital was ran by Five Lamps came to an end March 24**
- **Services we recommend when asked**

Barriers



- What is reablement – what does it even mean?
- Frameworks and portals
- Capacity and need for full cost recovery funding
- Need for an honest conversation about the cost of a service and addressing the perception that the VCSE sector is free or cheap.
- Commissioning versus Funding
- Lack of awareness / information sharing on services available

How can we help you help residents?

By addressing some of these barriers, the VCSE sector are well placed to support Stockton-on-Tees Borough Council with the delivery of their reablement service.

- We bridge gaps in statutory care
- Our volunteer networks
- The Community Navigator role

Home from Hospital

- The Impact
- Financial Savings
- Feedback and gap in community

A mutually beneficial relationship

- Commissioning over funding
- Removing barriers
- Tackling unrealistic expectations
- Identifying common purpose and mutual outcomes

<https://www.local.gov.uk/publications/working-local-infrastructure-organisations-engage-smaller-vcfse-organisations-good>

Any Questions?

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Reablement Service

Customer Feedback

Reablement Service – Customer feedback

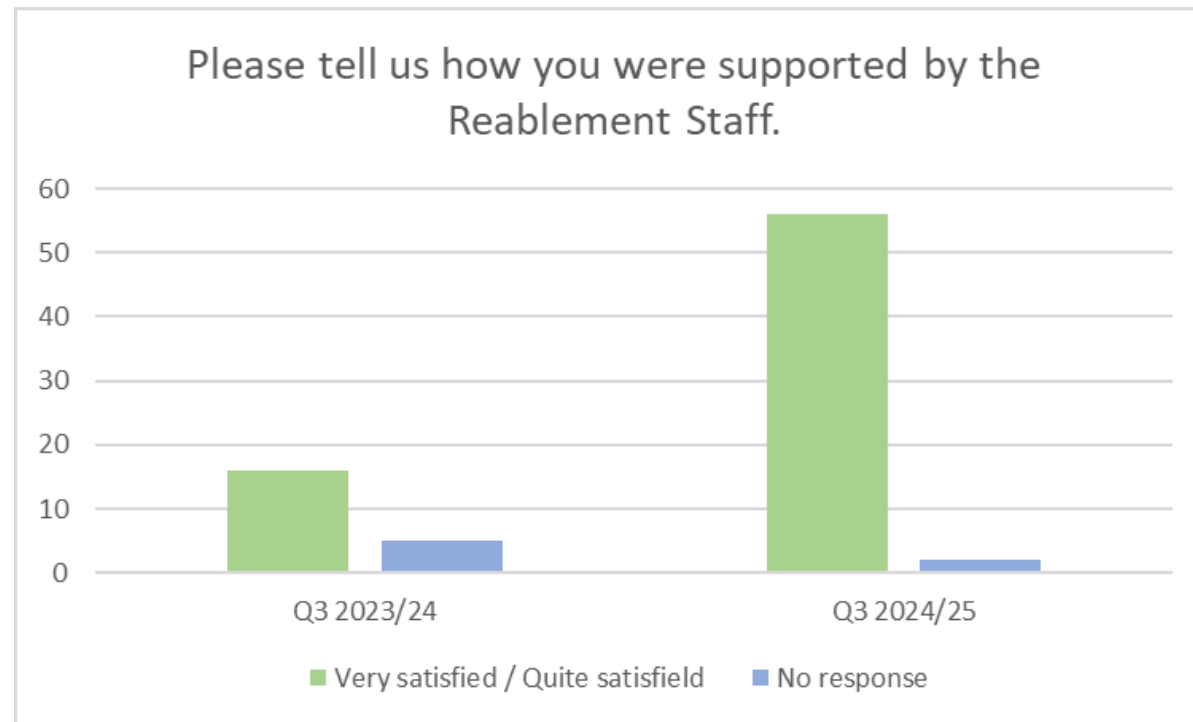
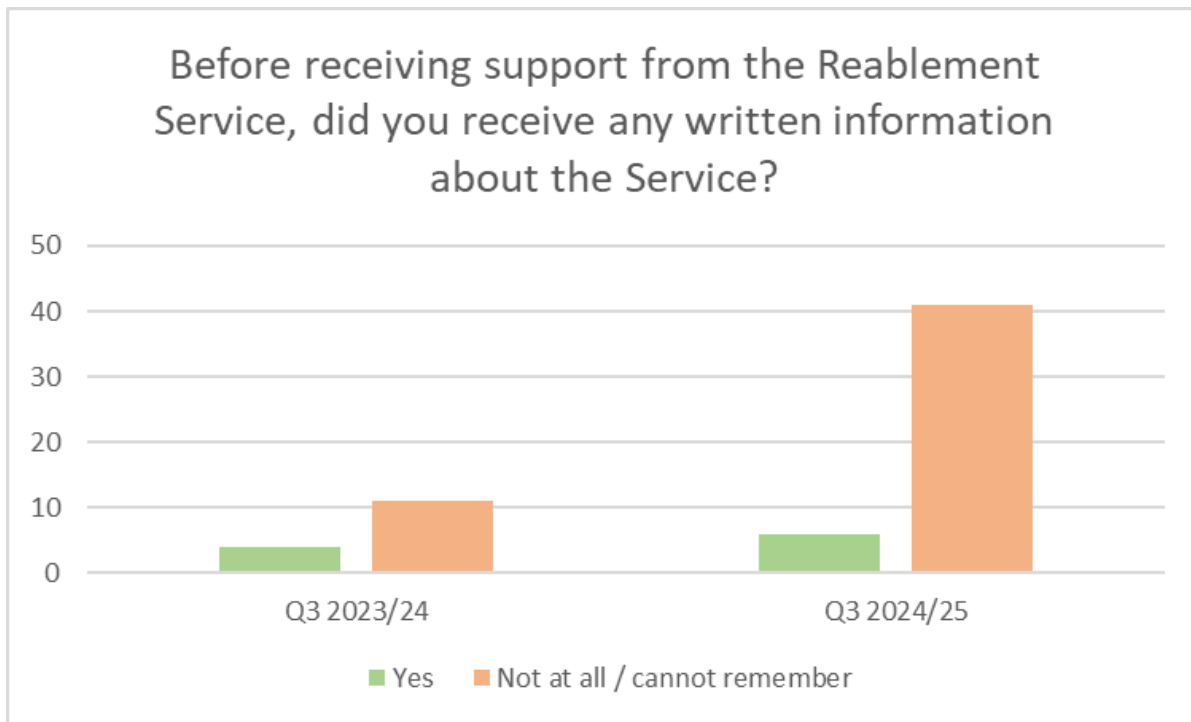
How, When and Who?

- **How:** Reablement have a standard survey that includes several set questions and free text boxes to solicit feedback on the service they have received.
- Guided by the CQC Assurance framework, Adult Social Care has updated the questionnaire for 24/25 and only 2 questions were the same for 2023/24.
- **When:** Surveys are issued to all people who access support once the intervention is complete.
- **Who:** The survey is issued to all people who have received support from the Reablement team and those accessing support at Rosedale.



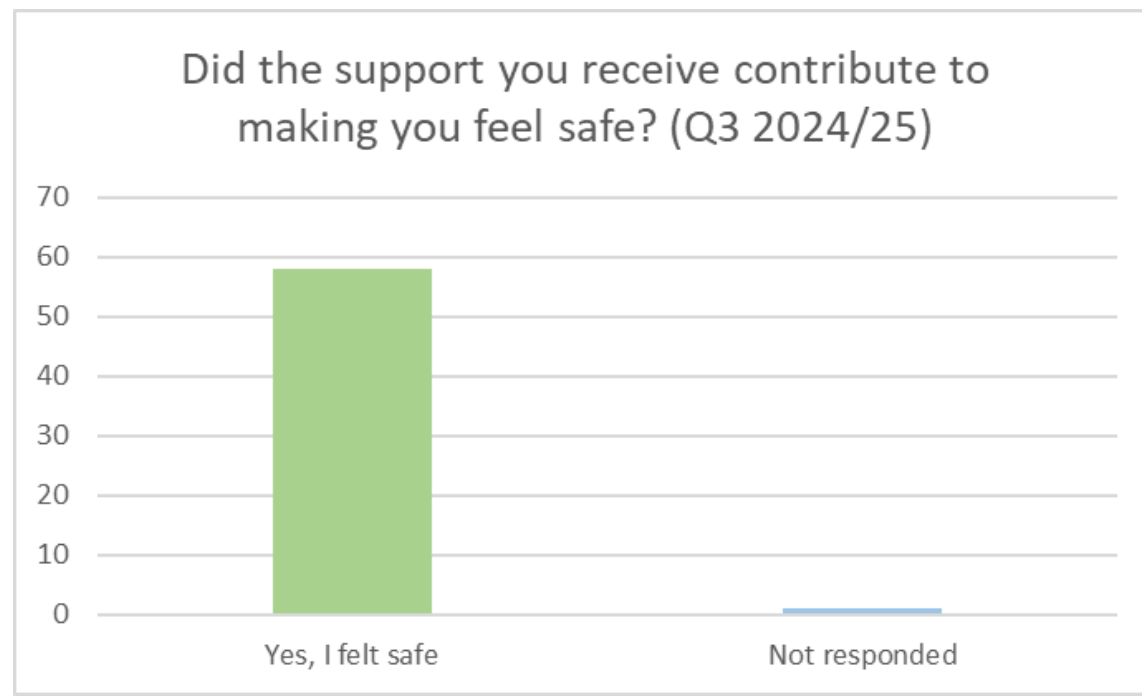
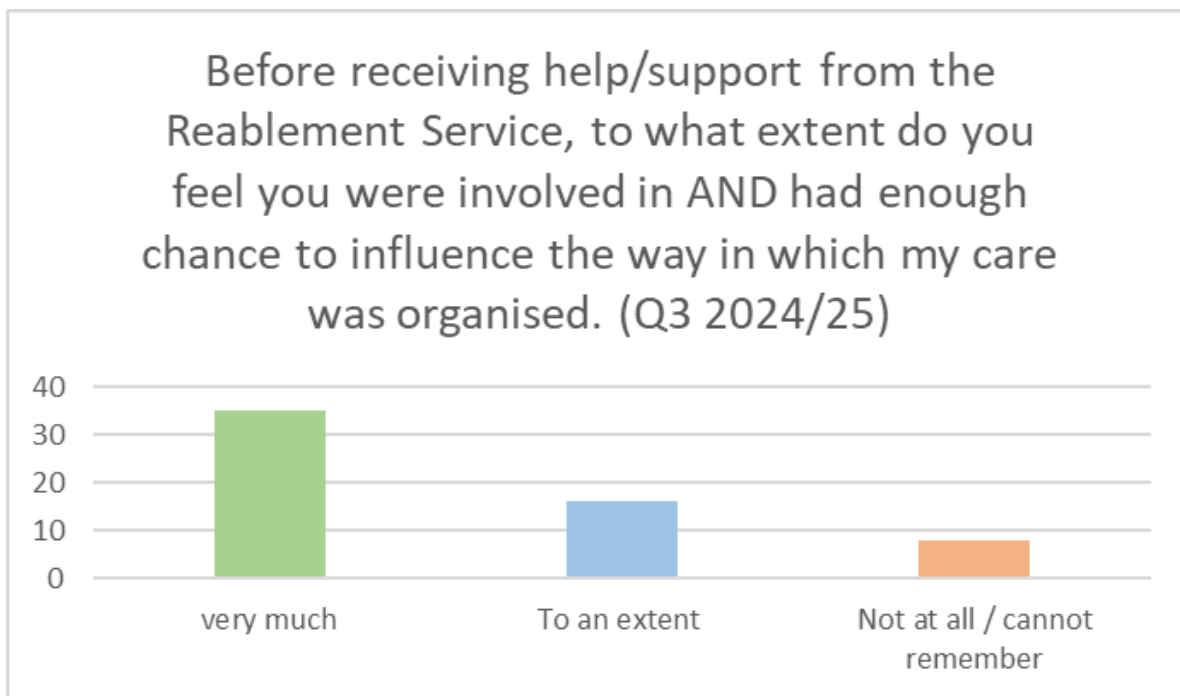
Reablement Service – Customer feedback

Q3 23/24 & 24/25 Comparator



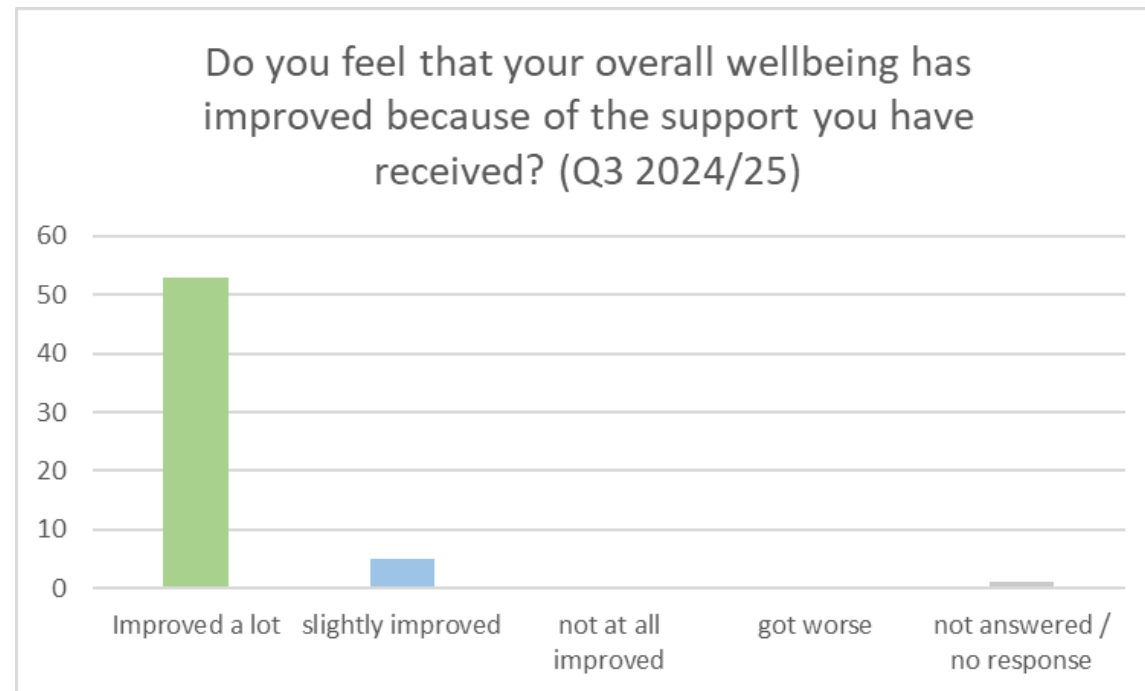
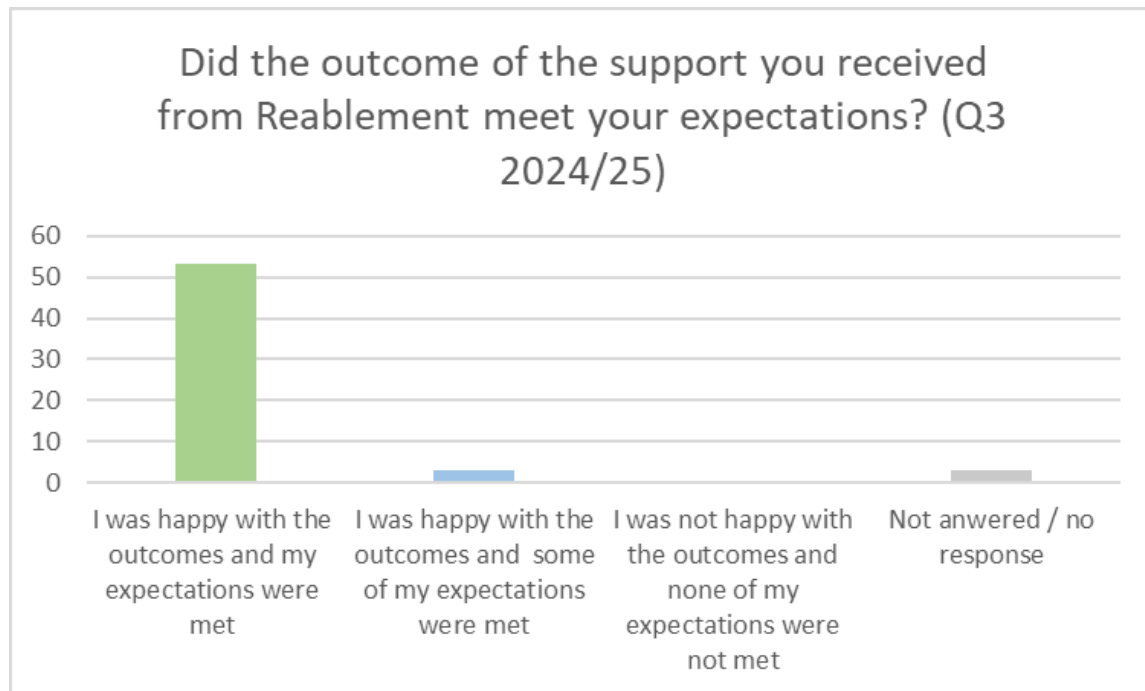
Reablement Service – Customer feedback

Q3 2024/25 Performance



Reablement Service – Customer feedback

Q3 2024/25 Performance



Reablement Service – Customer feedback

Commendations and comments

In Q3 (2024/25) Reablement received 56 compliments from people accessing the service.



SCRUTINY REVIEW OF REABLEMENT SERVICE

Other Approaches / Good Practice

Further to the developments involving the current reablement service in County Durham which were relayed at the last Committee meeting in January 2025 (see pages 10-11 of the following link: https://www.cdcarepartnership.co.uk/application/files/7117/3634/4616/CDCP_Partnership_Newsletter_Winter_25.pdf), other examples of reablement-related activity / thinking outside Stockton-on-Tees are as follows:

VCSE-related

- **Greater Manchester:** VCSE Home from Hospital Programme
<https://10gm.org.uk/10gms-work/home-from-hospital/>
- **Rocket Science:** Learning from a review into reablement (Jan 24)
<https://rocketsciencelab.co.uk/2024/01/review-into-reablement/>

Scrutiny-related

- **Islington Council:** Scrutiny Review of Adult Social Care Transformation – Witness Evidence (Jan 23)
<https://democracy.islington.gov.uk/mgAi.aspx?ID=31147>
- **Leicester City Council:** An Overview of the Reablement Service (Mar 24)
<https://cabinet.leicester.gov.uk/documents/s152094/Reablement%20Service%20Report%2007-03-24.pdf>
- **Brent Council:** Reablement Service Update (Apr 24)
<https://democracy.brent.gov.uk/documents/s141232/8.%20Reablement%20Service%20Update.pdf>

Technology-related

- **Access:** Reablement – Everything Care Providers Need to Know (Feb 24)
<https://www.theaccessgroup.com/en-gb/blog/hsc-reablement-everything-care-providers-need-to-know/> (note: scroll down for the section on 'How can technology help support community reablement services?')
- **Totalmobile:** A Complete Care Management Solution for Reablement Services
<https://www.totalmobile.co.uk/wp-content/uploads/2023/04/A-Complete-Care-Management-Solution-for-Reablement-Services-Providers-Portal.pdf>

Other

- **Healthwatch Stoke-on-Trent:** Stoke-on-Trent City Council to review and modernise local reablement services (Jan 24)
<https://www.healthwatchstokeontrent.co.uk/news/2024-01-25/stoke-trent-city-council-review-and-modernise-local-reablement-services>

- **MJ:** 'Time for a new dawn' article (Aug 24)
<https://www.communitycatalysts.co.uk/wp-content/uploads/2024/08/MJ-article-Time-for-a-new-dawn-090824.pdf>

In addition, the Social Care Institute for Excellence (SCIE) launched a new practical resource on 10 September 2024 (<https://www.scie.org.uk/app/uploads/2024/09/Reablement-full-resource.pdf>) to support reablement services in delivering better outcomes for people who need reablement support, their families and social care staff. A webinar was also held on 10 September 2024 which spoke to this resource, the research that underpinned it, and the key recommendations that could help to make a difference.

- **Reablement Webinar:** Helping reablement services boost user engagement and patient outcomes – 53 mins (Sep 24)
<https://www.scie.org.uk/integrated-care/intermediate-care-reablement/reablementwebinar/>

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

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

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

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

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

The Committee will undertake the following key lines of enquiry:

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

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

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

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

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

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

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

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

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

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

Expected duration of review and key milestones:

6 months (report to Cabinet in March 2025)

What information do we need?

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

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

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

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

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

Stockton-on-Tees Borough Council

- Adults, Health and Wellbeing (Strategy and Transformation)
 - Legal requirements regarding reablement
 - Existing service structure, costs and funding
 - Access / promotion of service and levels of demand
 - Impact of service and current / future challenges
 - Views on planning and delivery of existing service
- Reablement Manager and staff
- Service Managers for Reablement / Social Care Teams / Social Workers
 - Role within reablement provision
 - Views on existing local service / feedback received

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

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

Local NHS Trusts

VCSE Sector

- Potential for involvement in reablement pathway

Service-Users and Families / Carers

- Views on experience of service / ways to improve

Other Local Authority Areas

- Any alternative approaches to reablement provision

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

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

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

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

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

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

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

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

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

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

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

Project Plan

Key Task	Details/Activities	Date	Responsibility
Scoping of Review	Information gathering	June / July 2024	Scrutiny Officer Link Officer
Tri-Partite Meeting	Meeting to discuss aims and objectives of review	09.09.24	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Agree Project Plan	Scope and Project Plan agreed by Committee	17.09.24	Select Committee
Publicity of Review	Determine whether Communications Plan needed	TBC	Link Officer, Scrutiny Officer
Obtaining Evidence	SBC Adults, Health & Wellbeing NENC ICB Local NHS Trusts Peopletoo Catalyst / VCSE sector Service-user / family feedback Other Council approaches	22.10.24 19.11.24 17.12.24 21.01.25 18.02.25	Select Committee
Members decide recommendations and findings	Review summary of findings and formulate draft recommendations	18.03.25	Select Committee
Circulate Draft Report to Stakeholders	Circulation of Report	March 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	22.04.25	Select Committee, Cabinet Member, Director
Consideration of Report by Executive Scrutiny Committee	Consideration of report	[20.05.25]	Executive Scrutiny Committee
Report to Cabinet / Approving Body	Presentation of final report with recommendations for approval to Cabinet	15.05.25	Cabinet / Approving Body

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

QUARTER 3 2024-2025

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

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

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

Quarterly Summary of Published CQC Reports

This update includes inspection reports published between October and December 2024 (inclusive). These are included at **Appendix 1** and contain the results of all inspections of services based in the Borough (irrespective of whether they are commissioned by the Council).

During this quarter, 7 inspection result was published. Please note: there is a time lag between dates of the inspection and the publication of the report. In addition, where concerns are identified by the CQC, re-inspections may take place soon after the initial report is published. When the outcomes are made available within the same quarter, the result of the most recent report is included in this update.

The main outcomes from the reports are as follows:

- 6 Adult Services were reported on (5 rated 'Good'; 1 rated 'Requires Improvement')
- 1 Primary Medical Care Service were reported on (1 not rated)
- 0 Hospital / Other Health Care Services were reported on

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

PAMMS Assessment Reports

SBC are utilising the Provider Assessment and Market Management Solutions (PAMMS) in the quality assurance process. PAMMS is an online assessment tool developed in collaboration with Directors of Adult Social Services (ADASS) East and regional Local Authorities. It is designed to assist in assessing the quality of care delivered by providers. The PAMMS assessment consists of a series of questions over a number of domains and quality standards that forms a risk-based scoring system to ensure equality of approach. The PAMMS key areas are:

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

Following the PAMMS assessment, the key areas are scored either 'Excellent', 'Good', 'Requires Improvement' or 'Poor', and an overall rating is assigned to the assessment using these headings. **Appendix 2** shows 4 reports published between October and December 2024 (inclusive), the overall outcomes of which can be summarised as follows:

- 1 rated 'Excellent'
- 3 rated 'Good'

APPENDIX 1

ADULT SERVICES

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

Provider Name	Stockton Care Limited	
Service Name	Cherry Tree Care Centre	
Category of Care	Residential / Residential Dementia	
Address	South Road, Norton, Stockton-on-Tees TS20 2TB	
Ward	Norton South	
CQC link	https://www.cqc.org.uk/location/1-6150668927/reports/AP5150/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Requires Improvement
Safe	Good	Requires Improvement
Effective	Good	Not inspected
Caring	Good	Not inspected
Responsive	Good	Not inspected
Well-Led	Good	Requires Improvement
Date of Inspection	28th August 2024	
Date Report Published	1st October 2024	
Date Previously Rated Report Published	6th January 2023	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 2 – Moderate Concerns (Supportive Monitoring)		
Level of Engagement with the Authority		
<p>The home continues to receive supportive monitoring as a result of their most recent PAMMS assessment rating and their ongoing Action Plan. Since the PAMMS assessment, a new Acting Manager has been appointed and most areas of the Action Plan have been signed off and completed. Some actions in relation to personalised care plans are ongoing and the provider's efforts to address this is acknowledged in their CQC report. A further visit will be arranged in the coming weeks to confirm completion to the required standard.</p>		
Engagement and Support from Transformation Managers		
Cherry Tree engage positively and proactively with the Transformation Team initiatives, networks and training. The new leadership team have been welcoming and open to support,		

and have taken the time to understand the opportunities available to them to support quality improvement. The new leadership team are currently participating in the Well Led Programme, and Transformation Managers will continue to encourage engagement in events and networks.

Supporting Evidence and Supplementary Information

CQC inspected Cherry Tree Care Centre and found that previous breaches to regulation had been addressed and no breaches were reported at present.

Staff had attended appropriate training in safeguarding and people reported that they felt safe and knew how to raise any concerns. Risk assessments were completed and regularly reviewed, and people reported that they were involved in decisions about their care. The service was seen to have learnt from accidents and incidents. Staff spoken with said they were well supported, and observations found staff working well together as a team. There were enough staff to meet people's needs, however, some staff spoken with felt they were not always deployed effectively. Managers advised they would review this and communication around staff deployment. Safe recruitment practices were followed, though some improvements could be made to records held and this was actioned promptly by the administrator. Medicines were safely managed, and people reported that they received them on time. The service and equipment were clean and well maintained.

People were given care and support from staff who were well trained. The service liaised closely with healthcare professionals and a visiting community health professional gave positive feedback to inspectors. People were supported to recover their skills and independence, with community health support, enabling them to return home following a fall or illness. Mealtimes were calm and people were supported to have their nutritional needs met.

Care plans were in place and were reflective of people's needs. The provider seeks feedback from people, relatives and staff via meetings and surveys. Relatives spoken with at the time of the inspection were positive about the care and support their relations received. Staff spoken with were knowledgeable about people's care and support needs. Positive interactions between staff and people were observed, with staff seen to be treating people with kindness and compassion. The building was clean, nicely decorated and had an ongoing refurbishment plan.

People received care and support from staff who knew them well and had a kind, caring and respectful approach which maintained people's dignity and independence. People were supported to maintain relationships with those close to them and in the local community. Staff had identified if people were at particular risk of discrimination and social isolation, and positive action had been taken to integrate people with the local community. The service worked in a positive way to ensure everyone's diverse needs were met and people were encouraged to raise any issue or concern. Teamwork at the service was positive.

The service had undergone recent changes in leadership. People, professionals and staff spoken with were positive in their views of management at the home. The Acting Manager was approachable and was a visible presence throughout the service. People and staff were able to raise issues and give feedback, and quality assurance at the service had improved. Robust audits still need to be embedded, although the provider and manager evidenced that this work is in progress. Plans were in place in case of emergency and staff advised that they felt confident in the training and support they were given. Commissioners and healthcare professionals were positive in their feedback of the service, saying the team worked collaboratively. The service was also embarking on several pilot initiatives for older people with Teesside University and other peer support networks.

Participated in Well Led Programme?	Yes (ongoing)	
PAMMS Assessment – Date (Published) / Rating	14/03/2024	Requires Improvement

Provider Name	AAA Homecare Limited	
Service Name	AAA Homecare Limited - Teesside	
Category of Care	Homecare	
Address	1-2 Teesdale Parade, Teesdale Avenue, Billingham, Stockton-on-Tees TS23 1NA	
Ward	n/a	
CQC link	https://www.cqc.org.uk/location/1-18142364722/reports/AP5691/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	n/a
Safe	Good	n/a
Effective	Good	n/a
Caring	Good	n/a
Responsive	Good	n/a
Well-Led	Good	n/a
Date of Inspection	19th – 27th August 2024	
Date Report Published	16th October 2024	
Date Previously Rated Report Published	n/a	
Further Information		
<p>AAA Homecare Limited - Teesside is a service registered to provide personal care to individuals living in their own homes and it primarily offer services to older people. The CQC only inspects where people receive personal care – this is help with tasks related to personal hygiene and eating. Where they do, the CQC also consider any wider social care provided.</p> <p>At the time of the inspection, there were 25 people using the service. The CQC carried out an on-site assessment – activity started on 19 August 2024 and ended on 27 August 2024. Information was gathered from people using the service, relatives, the registered manager, staff, and from health and social care professionals involved with the service. The CQC looked at all 34 quality statements.</p> <p><i>CQC view of the service</i></p> <ul style="list-style-type: none"> • People were very happy with the service and reported staff were good at their jobs. • Staff were passionate about providing good care outcomes and took ownership of their practice. People found staff treated them with dignity and kindness. • Staff felt the registered manager empowered them to be compassionate, give people all the time they needed, and treated each person as an individual. They understood people's needs and how to manage any presenting risks. • Staff sought people's views about how to support them and, when appropriate, relatives were included in discussions about the support being offered. • Recruitment practices were robust. There were enough staff to deliver the care package and systems were in place to ensure new care packages could be supported with adequate numbers of staff. Care packages were only accepted when the registered manager and staff were confident the person's needs could be met. 		

- The management team had created a robust governance system, which rapidly identified the smallest of issues.

People's experience of this service

- People reported interactions between staff and them was positive. One relative spoken to said, *'They have a lovely rapport with everyone.'*
- They found staff were competent, caring and treated people in a dignified manner.
- People found the care package met their needs. People felt involved in all aspects of the design of the care package and how it was delivered. One person stated, *'Me, a relative and AAA sorted the care plan so everyone knows what is going on. The care plan has just been reviewed.'*
- People felt their views were closely listened to and their suggestions acted upon.
- Relatives also told us they liked the app used to record daily notes that could be shared with them with consent. One person said, *'I can see how [Name] has been after each call, it's so comforting.'*
- People found the manager was very approachable and ensured care was delivered in a person-centred manner. One relative said, *'Yes, I would recommend due to a combination of things, flexibility, very comfortable with their visits and Mum is happy with them. It's reassurance for me and this is really important.'*

Provider Name	Thumhara Centre	
Service Name	The Robert Atkinson Centre	
Category of Care	Homecare Agency	
Address	Thorntree Road, Stockton-on-Tees TS17 8AP	
Ward	n/a	
CQC link	https://www.cqc.org.uk/location/1-5010650985/reports/AP4684/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Requires Improvement
Safe	Good	Requires Improvement
Effective	Good	Not inspected
Caring	Good	Not inspected
Responsive	Good	Not inspected
Well-Led	Good	Requires Improvement
Date of Inspection	9th July – 5th September 2024	
Date Report Published	29th October 2024	
Date Previously Rated Report Published	23rd May 2023	
Further Information		
<p>The Robert Atkinson is registered to provide personal care to individuals living in their own homes and they primarily offer services to older people. The CQC only inspects where people receive personal care – this is help with tasks related to personal hygiene and eating (where they do, the CQC also consider any wider social care provided). The service was specifically set up to deliver support for the local BME communities. At the time of the inspection, 24 people were using the service who received personal care. The CQC gathered information from people using the service, relatives, the provider who is also the registered manager, office staff, care workers and from visiting professionals.</p> <p><i>CQC view of the service</i></p> <ul style="list-style-type: none"> At the last inspection, appropriate recruitment checks were not followed and the systems in place to monitor the safety and quality of the service were ineffective. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 and 17. The provider had employed a company to assist them improve the governance systems. Immigration service staff had visited the service to check safe recruitment arrangements were in place. The provider had worked with a legal team to ensure they followed sponsorship scheme requirements. Staff understood people's needs and how to manage any presenting risks. The registered manager, as a part of their lessons learnt process, was reviewing risk assessment to ensure where people had complex needs, staff had very detailed guidance to follow. Staff worked with people to design care packages, which met their needs, and were achievable within the set timeframe. Staff sought people's views about how to support them. Overall staff felt their views were listened to and their well-being was promoted. 		

People's experience of this service

- An expert by experience contacted people and relatives via the telephone, and inspectors met people who used the service at the Thumhara Centre (which is where the service's office is located).
- People said staff were kind and friendly; and felt safe with the care staff.
- They told the CQC care packages met their needs.
- Where staff managed any aspect of medicine administration, people said this was well managed.
- No concerns were raised about the usage of PPE.
- They made positive comments about the skills and knowledge of the carers.
- Generally, relatives felt their loved one's care was good and personalised to their needs.
- Relatives found the management team were approachable. A relative said, 'They [the staff] do everything fantastically. The care staff are competent and confident enough to do their job. They know [person's name] dietary requirements and other needs.'
- People felt they were fully involved in designing how their care and support was delivered.
- People and families said they were kept well informed.
- People felt their views were closely listened to and their suggestions acted upon.
- People said the registered manager and office staff were very approachable and ensured care was delivered in a person-centred manner. A person said, 'The service is excellent. I always speak to [registered manager] about everything. I can easily change the call timings if I have appointments and my care plan.'

Provider Name	Willow View Care Limited	
Service Name	Willow View Care Home	
Category of Care	Residential / Residential Dementia	
Address	1 Norton Court, Norton Road, Stockton-on-Tees TS20 2BL	
Ward	Norton South	
CQC link	https://www.cqc.org.uk/location/1-2017529554/reports/AP7220/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Requires Improvement
Safe	Good	Inadequate
Effective	Good	Requires Improvement
Caring	Good	Good
Responsive	Good	Good
Well-Led	Good	Requires Improvement
Date of Inspection	15th October 2024	
Date Report Published	25th November 2024	
Date Previously Rated Report Published	22nd March 2024	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 2 – Moderate Concerns (Supportive Monitoring)		
Level of Engagement with the Authority		
Willow View have continued to work closely with the authority including social care teams, Transformation Managers and Quality Assurance and Compliance (QuAC) Team, as well as the NECS Medication Optimisation Team. They continue to make progress against their PAMMS Action Plan and the QuAC Team is in regular contact in relation to this, as well as ongoing support as the improvements made are embedded and sustained.		
Engagement and Support from Transformation Managers		
The current manager of Willow View has worked closely with the team for the last five years whilst working in other provisions, and has been involved in leadership networks, provider forums and innovative projects developed to support the wider network. The manager is a very competent manager who has previously completed the Well Led Programme, and since being in post, we have worked to support his strategic vision for the home. The manager is independent and accesses support where required via the Transformation Team, and the initial focus of his work has been around reducing risk within the service, including improving IPC processes, moving and handling, fire safety and staffing.		

Willow View staff have attended the Meds Optimisation training and the manager continues to enrol new staff onto the Level 3 medication diploma. The home is also continuing to work with the Digital Care Home support team to increase the number of staff with NHSMail to facilitate Proxy medication ordering.

The Activity Co-ordinators at Willow View have always engaged consistently with networking, including Activity Co-ordinator Network, separate activity workshops, and collaborative activity development. Activity co-ordinators and management ensure that residents are able to access any network activities in the community. An Activity Co-ordinator is currently enrolled on the L2 Activity Provision in Care qualification.

The manager is continuing to work with the Team to support the progression of his wider agenda, including Dementia Friendly Care homes accreditation, and a member of his leadership team is part of the active Well Led cohort. We will continue to work with the manager and staff of Willow View around initiatives, which will help maintain the homes status of 'good'. As previously stated, the manager is an excellent leader and we look forward to continue to work with him closely in the future.

Supporting Evidence and Supplementary Information

CQC reported that they found the service had driven improvement across all areas and all breaches of regulation were now met.

The environment was clean and well maintained, with an ongoing plan of refurbishment well underway. Medicines were now administered safely and care plans and risk assessments for people included all their current needs and recorded how people wished to be supported. Staff recruitment was safe, and staff levels were provided at safe levels. The staff team were motivated, and spoke with pride about the improvements, their training, and how the service was now well-led. Residents appeared happy, well dressed and cared for, and were supported with their health and care needs. The manager was committed to ensuring people received appropriate care and supported when they needed it. The service had built strong relationships with health and social care professionals, who were complimentary of their approach. The management team had created a robust governance system, which rapidly identified the smallest of issue. CQC acknowledge in their report that the improvements need to be fully embedded and sustained.

Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	29/05/2024	Requires Improvement

Provider Name	T.L. Care Limited	
Service Name	Ingleby Care Home	
Category of Care	Residential / Residential Dementia	
Address	Lamb Lane, Ingleby Barwick, Stockton-on-Tees TS17 0QP	
Ward	Ingleby Barwick South	
CQC link	https://www.cqc.org.uk/location/1-146749395/reports/AP6261/overall	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Good
Safe	Requires Improvement	Good
Effective	Requires Improvement	Good
Caring	Requires Improvement	Outstanding
Responsive	Requires Improvement	Good
Well-Led	Inadequate	Good
Date of Inspection	17 th September 2024	
Date Report Published	29 th November 2024	
Date Previously Rated Report Published	4 th August 2018	
Breach Number and Title		
<ul style="list-style-type: none"> • Regulation 9: Person-centred care • Regulation 12: Safe care and treatment • Regulation 17: Good governance • Regulation 20: Duty of candour 		
Level of Quality Assurance & Contract Compliance		
Level 3 – Major Concerns (Enhanced Monitoring)		
Level of Engagement with the Authority		
<p>The home has been subject to the Responding to and Addressing Serious Concerns (RASC) Protocol since 1 August 2024 following concerns over standards of care and management of medicines, and are therefore undergoing enhanced monitoring. In recent weeks, there has been recruitment of a new Manager at the home and, following the departure of the Regional Manager (RM), Hill Care have redeployed another RM to support the home. Whilst recruitment has been successful to the vacant RM post, it has been confirmed that the current RM support will remain in place to allow for consistency during this process. Relationships are being built with the new staff and efficiency will be monitored by the Quality Assurance and Compliance (QuAC) Team during weekly support sessions as per RASC.</p>		
Engagement and Support from Transformation Managers		
<p>The new Manager met with the Transformation Team a few weeks after she came into post, and she understands the support and opportunities available. The cook and one of the seniors attended a recent Improving Mealtimes for People with Dementia care home research event with</p>		

the Transformation Manager, and the Transformation Manager plans to conduct a follow-up meeting about the research event and meet these staff members in the new year.

The Transformation Team is also working with the Activity Co-ordinator to support in reviewing their approach to activities and improving the range and variety of opportunities for the residents, and has linked the Activity Co-ordinator with peers from other care homes to support with this.

The Manager is engaging well, and she attended the Care Home Safeguarding session as part of Safeguarding Adults week and the provider forums, and Ingleby have a staff member on the L3 medication diploma and staff attended the Meds Optimisation training in October.

The new Manager has been responsive to emails and communication, and the Transformation Team continue to work with the home to engage them with quality improvement initiatives and support.

Supporting Evidence and Supplementary Information

The assessment was undertaken in response to risks relating to care and treatment, medicines management, staffing and leadership. At the time of the assessment, there was no Registered Manager in post and CQC reported a history of inconsistent leadership during 2024. They report that the provider had failed to ensure effective governance and oversight. Medicines were not managed safely. Notifiable incidents were not managed in line with regulations. Quality assurance mechanisms and audits had not been effective in driving improvements. Staff treated people kindly and with respect, however, care records were not person-centred. CQC have asked the provider for an Action Plan in response to the concerns found at this assessment. As a result of this assessment, two warning notices have been served, against Regulation 12 and Regulation 17.

Participated in Well Led Programme?	No	
PAMMS Assessment – Date (Published) / Rating	03/01/2024	Good

Provider Name	Saint John of God Hospitaller Services	
Service Name	The Old Vicarage	
Category of Care	Learning Disabilities	
Address	168 Durham Road, Stockton-on-Tees TS19 0DZ	
Ward	Newtown	
CQC link	https://www.cqc.org.uk/location/1-13932289291/reports/AP7332/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	n/a
Safe	Good	n/a
Effective	Good	n/a
Caring	Good	n/a
Responsive	Good	n/a
Well-Led	Good	n/a
Date of Inspection	17th October 2024	
Date Report Published	13th December 2024	
Date Previously Rated Report Published	n/a	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider engages well with the Quality Assurance and Compliance (QuAC) Team, with any requests responded to in a timely manner.		
Engagement and Support from Transformation Managers		
To date, engagement with the Transformation Team has been limited, but Transformation Managers plan to ensure visits are made to the service to discuss how managers can engage with opportunities in the future, and to ensure staff and residents are able to engage with initiatives to support quality and ongoing developmental work.		
Supporting Evidence and Supplementary Information		
This was the first inspection for this service. The service was rated 'Good' overall and 'Good' in all key questions.		
The CQC found that the service always made sure people's care and treatment was effective by thoroughly assessing and reviewing their health, care, wellbeing, and communication needs with them. They planned and delivered people's care and treatment with them, including what was important and mattered to them. The service monitored all people's care and treatment to		

continuously improve it. They ensured that outcomes were positive and consistent, and that they fully met both clinical expectations and the expectations of people themselves. People were enabled to live their best life.

The provider worked with people to understand and manage risks by thinking holistically. People were supported and empowered to take risks in areas they wanted to and to enhance their lives. When people’s needs changed, or staff picked up changes in people’s mood or communication style, care plans and risk assessments were reviewed. Action was taken to understand why a person had become distressed or why an incident occurred and what could be changed to prevent further occurrences.

The service ensured medicines and treatments were safe and met people’s needs, capacities, and preferences. Staff who administered medicines had the appropriate training and competency checks. People’s medicines were regularly reviewed to ensure they were prescribed for the right reason, in the right dose, and for as short a time as possible.

The service always treated people with kindness, empathy and compassion, and respected their privacy and dignity. The service promoted people’s independence, so people knew their rights and had choice and control over their own care, treatment, and wellbeing. Staff promoted people’s rights and supported individuals to make choices around how they lived their lives and reached their aspirations. People were empowered to have their say about issues that were important to them.

The provider made it easy for people to share feedback and ideas, or raise complaints about their care, treatment, and support. They involved people in decisions about their care and told them what had changed as a result.

There were enough qualified, skilled, and experienced staff, who received effective support, supervision, and development. They worked together well to provide safe care that met people’s individual needs. The Registered Manager promoted a learning culture and ensured staff had access to an extensive range of training.

The service had a shared vision, strategy, and culture. This was based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and their communities. The provider and Registered Manager created a shared direction that made sure each individual person was at the centre of their support when decisions about their lives were being made. Closed culture risks were identified, assessed, and mitigated.

The provider had clear responsibilities, roles, systems of accountability and good governance. They used these to manage and deliver good quality, sustainable care, treatment and support. They acted on the best information about risk, performance and outcomes for people, and shared this securely with others when appropriate. Internal governance procedures were in place with a range of quality monitoring systems and audits. These had helped identify where actions were required and areas for improvement.

They encouraged creative ways of delivering equality of experience, outcome, and quality of life for people. There was a process in place for staff to ensure continuous improvement through innovation and learning was achieved. Staff were actively encouraged to work with people in ways which aimed to improve outcomes for them and allow each individual to experience a good quality of life.

Participated in Well Led Programme?	No
PAMMS Assessment – Date (Published) / Rating	Not yet assessed

PRIMARY MEDICAL CARE SERVICES

Provider Name	Ladhar and Ladhar	
Service Name	Lanehouse Road Dental Surgery	
Category of Care	Dentists	
Address	77 Lanehouse Road, Thornaby, Stockton-on-Tees TS17 8AF	
Ward	Mandale & Victoria	
CQC link	https://www.cqc.org.uk/location/1-2611816025/reports/AP4201/overall	
	New CQC Rating	Previous CQC Rating
Overall	n/a	n/a
Safe	Regulations met	n/a
Effective	Regulations met	n/a
Caring	Regulations met	n/a
Responsive	Regulations met	n/a
Well-Led	Regulations met	n/a
Date of Inspection	23 rd September 2024	
Date Report Published	24 th October 2024	
Date Previously Rated Report Published	22 nd March 2013 (previous provider)	
Further Information		
<p>Lanehouse Road Dental Surgery provides NHS and private dental care and treatment for adults and children. The practice is also a foundation training practice (foundation training practices are selected and approved by the local deanery to provide support and supervision for newly qualified dentists). The CQC carried out this on-site announced assessment on 23 September 2024 and found that the practice had met all regulations. During the assessment, the CQC spoke with three dentists, three dental nurses, and the practice manager.</p> <p><i>CQC view of the service</i></p> <ul style="list-style-type: none"> • Recruitment procedures reflected current legislation. • There was effective leadership and a culture of continuous improvement. • Patients were treated with dignity and respect. • At the time of the assessment, patients could access care, support and treatment when required. • Patients' care and treatment was provided in line with current guidance and infection control procedures were in place. • The practice had systems to manage risks. <p><i>People's experience of this service</i></p> <ul style="list-style-type: none"> • The CQC received feedback from 13 patients. Patient feedback provided a positive view of the dental team and care provided by the practice. 		

- Comments included, 'Amazing dental practice and kind staff', 'Managed to get an appointment really quickly when I was in pain', and 'Amazing practice, lovely staff and clean facilities'.
- Patients commented positively about the standards of cleanliness.
- Patients felt able to book appointments within an acceptable timescale for their needs and said they had enough time during their appointment without feeling rushed.
- Patients told the CQC they were given clear information to help them make an informed choice about their treatment and any associated costs. They were involved in decisions about their care.
- Patients stated that when they were prescribed medicines, sufficient information was given.
- Patients stated that they were supported to maintain their oral health and were provided with appropriate information and resources.
- The practice shared patient feedback with the team. The CQC were told this was reviewed and, where suggestions had been made, appropriate action would be taken.

HOSPITAL AND COMMUNITY HEALTH SERVICES
(including mental health care)

None

APPENDIX 2**PAMMS ASSESSMENT REPORTS**
(for Adult Services commissioned by the Council)

Provider Name	Mr & Mrs J Elliott	
Service Name	Park House Rest Home	
Category of Care	Residential	
Address	2 Richmond Road, Stockton-on-Tees TS18 4DS	
Ward	Ropner	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Excellent	Excellent
Involvement & Information	Excellent	Excellent
Personalised Care / Support	Excellent	Excellent
Safeguarding & Safety	Excellent	Excellent
Suitability of Staffing	Excellent	Good
Quality of Management	Good	Good
Date of Inspection	7th – 9th August 2024	
Date Assessment Published	11th October 2024	
Date Previous Assessment Published	20th January 2020	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were very well written, were strength-based, and outcomes-focused. A comprehensive pre-admission assessment was completed to contribute toward plans, with each plan being individualised and with great details reflecting specific needs and preferences. Each care plan evidenced the wishes of the resident, their aspirations, and support they would like from staff. Information across care planning was consistent and a comprehensive communication care plan was seen detailing where support and adaptations were required. Plans evidenced that the residents and their families had been included, and all residents spoken with were aware of the contents of their plans. Regular reviews of care plans with keyworkers and resident were seen, in addition to inclusion of families.</p> <p>A robust keyworker structure was in place in the home, and these were mutually chosen to consider personalities and relationships. Residents were clear on the role of their keyworker and spoke of how they spend time with them often.</p> <p>There was an overall homely feel to the premises; the building was well maintained, clean, and fresh. Adaptions to the home had been made to ensure the environment is appropriate for those living with dementia. Access to the home was secure.</p> <p>Residents confirmed they feel safe and supported in the home and had access to appropriate methods to raise concerns should they need to. Actions and improvements following feedback or resident meetings is communicated through display boards and regular resident newsletters.</p>		

<p>During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. Medication rounds observed were completed in a person-centred manner, with good hand hygiene and medication scanned before administering. MAR charts and front covers were completed to a good standard; there were no missed signatures identified, and robust audits took place regularly. The medication room was tidy and organised by resident. Controlled drugs were stored appropriately. All staff were suitably trained and received regular medication competencies. Residents confirmed they felt sufficiently supported and were involved in decisions around their medications.</p> <p>Staffing levels around the home were good and were always set higher than requirements based on dependency. Staff, residents and families all commented on the generous staffing levels. Staff files were good and there was evidence of all staff being suitably inducted and trained. Staff confirmed they received training on MCA, DoLS and safeguarding, and were able to describe these practices without prompt. Supervisions and appraisals were carried out regularly with feedback given, and staff noted they felt supported by management.</p> <p>There was a dedicated Activities Co-ordinator, and residents and families spoke highly of the activities programme. A combination of meetings and one-to-one discussions were held to formulate the activities and events calendar. Two group activities were scheduled per day, and time was also allowed for one-to-one activities. Additionally, the home included day trips, visiting entertainers, a pat dog, and a sensory room. Families were invited to take part in all activities the home schedules. Residents were also supported to attend family and community events.</p> <p>Observations of interactions between residents and staff demonstrated positive and meaningful relationships. Feedback from families on the level of person-centred care displayed by staff was plentiful. Residents spoke fondly of staff. Staff were seen to promote independence, offer choice, and respect the privacy of residents. The Activities Co-ordinator works with residents to create a plan of three things they would like to achieve in the next year, and all staff were committed to achieving these goals.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
No areas were identified for improvement to ensure full compliance.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider engages well with the QuAC and Transformation Teams.		
Engagement and Support from Transformation Managers		
<p>Park House engages well with the Transformation Team and initiatives. The manager has taken part in the Well Led Programme and attends Leadership and Peer Support Networks and Provider Forums when available. The home regularly takes part in the Activity Co-ordinators Network, has been involved in Stockton International Riverside Festival (SIRF), and engages with the care homes research initiatives.</p> <p>The manager is currently working with the Transformation Team and Skills for Care around the Digital Pioneers Programme. The manager has also engaged in the development of a Dignity Champions Programme and regularly shares best practice with the team and wider network.</p>		
Current CQC Assessment - Date / Overall Rating	18/08/2018	Good

Provider Name	Akari Care Limited	
Service Name	Piper Court	
Category of Care	Nursing / Residential	
Address	Sycamore Way, Stockton-on-Tees TS19 8FR	
Ward	Hardwick & Salters Lane	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	16th – 18th September 2024	
Date Assessment Published	21st October 2024	
Date Previous Assessment Published	10th March 2023	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans, overall, were well written and had good detail of specific needs and preferences, abilities and level of independence, behaviour triggers, and likes and dislikes. A small area of improvement was identified around resident and family involvement in monthly care plan reviews, though there was evidence of involvement in initial care plan creation. Care plans and risk assessments were reviewed regularly. There was evidence of care plans being updated timely where changes were necessary.</p> <p>A good keyworker system was in place; the provider was able to evidence how residents and their families played a role in allocating. Keyworkers of any staffing seniority were considered based on requests and relationships built. Keyworker signs were not always visible in rooms, and residents and families were not always aware of their keyworker.</p> <p>The home was well-kept, with good cleaning practices in place. The home had recently employed a new maintenance worker, and a full update throughout the home was in place. Bedrooms had been personalised with items from home. Dementia-appropriate signage and adaptation were seen throughout, including pictorial paperwork, menus, and activity boards, and coloured handrails and toilet seats. Interactions between residents and staff were good, and displayed comfortable relationships where staff and residents were able to laugh and joke. Residents and families all spoke very highly of the home and the staff.</p> <p>A good range of activities was evidenced; a thorough log was kept. The activities calendar was varied, with a different timetable each week, and was designed around resident likes, dislikes and feedback. Activities included those in the home, day visits, and Local Authority offers. The co-ordinator was working to include bedbound or non-social residents.</p> <p>During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. Most medications were labelled with the date of opening recorded, though not</p>		

consistently. Medications were not always disposed of correctly. A returns book was in place and signed by staff upstairs, but not downstairs. Controlled drugs were stored and administered appropriately. Significant entries were missing following PRN administration. Time-sensitive medications were not always administered in line with instructions; times given were not recorded. Documentation was good; front covers were in place to a good standard, and MAR charts all had the start dates with relevant patient information. Self-administration risk assessments and covert plans were in place appropriately with evidence of regular reviews. Protocols were accurate and person-centred, though some were missing, inaccurate, or lacked detail. Competencies were only completed annually, and some cream competencies were out-of-date. Regular audits were completed monthly, and actions were included into the home's development plan.

Staffing levels were good; staffing visibility around the home was to a good level and included carers, domestics, maintenance, and management. There was a comprehensive induction and probation structure in place for new staff, which included use of the Care Certificate. Staff were appropriately trained; training was monitored and RAG-rated by management, with 89% 'green'. Staff were able to describe the purpose of the MCA but were generally unaware of the principles. Staff had good working knowledge of DoLS and restrictions of residents.

Supervisions and appraisals had not been completed consistently, though the new manager had created a new timetable to complete these. A range of robust internal audits took place regularly, and these were evidenced with good managerial oversight and fed into the home's development plan.

Plans and Actions to Address Concerns and Improve Quality and Compliance

A small Action Plan will be completed by the provider to address the areas of improvement found. This will be assessed by the QuAC Officer, with monitoring visits as appropriate to evidence completion and full assurance of improvements.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The provider has a good level of engagement with the Local Authority. The manager is responsive to QuAC, Transformation, and Medicines Optimisation Teams.

Engagement and Support from Transformation Managers

The manager and regional manager engage well with the Transformation Team and wider partners. The manager of the home is in the current cohort of the Well Led Programme and is developing good working relationships with the wider manager network. The home has been an active part of the Activity Co-ordinator Network for many years, working on collaborative activity projects, planning workshops, and attending community activities with their residents.

The manager has been focused on improvements within the home since her appointment and has worked closely with the Medicines Optimisation Team to improve quality and safety of medication management within the home. They have also applied to complete the Dementia Friendly Care Home Accreditation. The manager is keen to develop Piper Court into a centre of excellence for end-of-life care once the standard of quality is sustainable within the home. The manager is also aware of and keen to access the support of wider partners and broader training offers to support staff development.

Current CQC Assessment - Date / Overall Rating

28/03/2023

Requires Improvement

Provider Name	Stockton Care Limited	
Service Name	Primrose Court Nursing Home	
Category of Care	Nursing Dementia / Complex Mental Health	
Address	South Road, Stockton-on-Tees TS20 2TB	
Ward	Norton South	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	9th – 11th September 2024	
Date Assessment Published	30th October 2024	
Date Previous Assessment Published	13th March 2023	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were mostly seen to be person-centred, with personal preferences recorded and individual approaches to care and support detailed. Care was seen to be delivered in a person-centred manner with appropriate consent obtained, and staff were well versed in the individual approaches that people needed. Both observation and discussion with residents and their families evidenced that residents were treated with dignity and respect, and interactions were seen to be positive and promoted independence and choice.</p> <p>Care plans were reviewed monthly at minimum, with evidence of more frequent reviews having been completed, alongside review of risk assessments, when a change in need had been identified, and review notes were seen to be descriptive. Service-users and relatives spoken with confirmed that they were involved in care and support planning, however, care plans did not reflect this. Daily notes were variable in quality, with some containing good detail and others only utilising the standard option from the electronic system. A key worker system was in place and personality matches were considered during the allocation process. Some service-users had expressed a preference not to have key workers, and others chose not to have their key worker allocation displayed in their bedrooms, and their choices were respected.</p> <p>The home's statement of purpose was displayed in the reception area of the home; both this and the service-user guide given out at the time of admission contain contact details for the provider. Feedback from residents and visitors confirmed that staff were approachable, and the Manager had an open-door policy.</p> <p>Staff were noted to follow appropriate practice in relation to food hygiene, with hand washing undertaken and PPE worn. Menus were seen to be healthy and balanced, and residents were seen to be offered choice over meals and portion sizes, and supported with personal requests. There were domestic cooking facilities in the ground floor dining area which residents could utilise if they wished.</p>		

Staff confirmed receipt of mandatory training on topics such as safeguarding, DoLS and MCA, and were able to confidently explain how to handle and escalate concerns. Service-users spoken with confirmed they felt safe at the home and relatives reported feeling confident that their loved ones were safe and well looked after by staff at Primrose Court.

During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. Medicines were seen to be handled safely, securely and appropriately, with good record-keeping.

Both the interior and exterior of the home were presented well and secure. Appropriate IPC procedures were seen to be in place and the home was free from malodour. The home had a good dementia-friendly environment and was working with SBC's dementia friends' team for continuous improvement on this. Equipment was seen to be in good condition and with appropriate certification. Residents were seen to be supported appropriately with moving and handling, with independence, dignity and safety promoted.

Staff files were reviewed and evidenced appropriate and robust recruitment checks. An online portal was used for the provider and employees to access their employment records and company policies. The system gives managers access to allow them to see how long individuals had spent reviewing policies, giving additional oversight to ensure appropriate staff review.

Service-users, relatives and visiting professionals spoken with at the time of the assessment confirmed good staffing levels and spoke highly of the staff in the home. Staffing levels were seen to be appropriate and adequate for the needs of those in the home, with staff regularly visible throughout the home. Call bells were promptly answered, and staff were engaging meaningfully with residents. The staff rota was checked against the home's dependency tool; there were some gaps noted, however, assurance was given by the provider that this was an administrative error and staffing was appropriate. The home does not use agency staff and utilises internal staff or bank staff from sister homes if necessary.

A training matrix was in place and identified training compliance to be at 84%, however, review of the document identified areas in which the colour coding suggested compliance despite the training not being in line with the specified frequency, which indicated the matrix required review.

Staff confirmed receipt of supervisions and appraisals, however, recommendations were made to the provider to review the supervision process to ensure a personalised approach and contractual obligations in relation to frequency.

Service-users and relatives spoken with at the time of the assessment advised that they felt able to approach staff with any complaints or concerns, and felt there was a clear 'open door policy' in the home. A complaint and low-level grumbles file was in place which evidenced reflective practice and prompt action / response from the provider. Staff, resident and relative meetings took place and meeting minutes were shared appropriately. The provider gathered feedback through surveys sent to staff, residents, relatives / advocates, and visiting professionals.

A variety of audits were completed by both internal staff and external providers. An audit file was reviewed which contained a lessons learnt plan, the outcome of which plans to create a yearly audit planner to ensure oversight of all audits – this is now in place.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address minor areas identified for improvement to ensure full compliance which will be monitored by the QuAC Officer.

Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
<p>The provider is responsive to requests from the Local Authority and liaises closely with their QuAC Officer. Performance Dashboard submissions are made in a timely fashion and queries are responded to promptly. There have been no concerns raised in regard to engagement with other departments within the authority.</p>		
Engagement and Support from Transformation Managers		
<p>The Manager and owners of Primrose Court actively engage with the Transformation Team. The Manager has completed the Well Led Programme and is an active member of our networks and regularly attends Provider Forums. The home's Activity Co-ordinator engages with the Activity Co-ordinators Network, and they regularly attend community events. The home and its staff regularly engage with training offered via the Transformation Team and the Manager has requested support in accessing a Level 5 management qualification.</p> <p>The home is currently in the process of becoming accredited as a dementia-friendly care home. They also engage with the Employment and Training Hub and Sector-Based Work Academy Programme to support with recruitment into their services. The Transformation Team continues to work with the Manager and owners around further improvements and opportunities to support continued improvements.</p>		
Current CQC Assessment - Date / Overall Rating	04/07/2023	Good

Provider Name	Mrs J Stead	
Service Name	Chestnut Lodge Nursing Home	
Category of Care	Nursing / Residential	
Address	302 Norton Road, Norton, Stockton-on-Tees TS20 2PU	
Ward	Norton South	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	14th & 15th October 2024	
Date Assessment Published	5th November 2024	
Date Previous Assessment Published	25th October 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were of a good standard; seen to be individualised, using preferred names, and specifically tailored to each residents required needs, with reference to how best to support residents and how they liked to receive their care. All care plans had a specific 'desired outcome'. There were good examples of considerations to residents' strength and weaknesses, and independence was promoted. Bedrooms were seen to be personalised and showcased individual personalities.</p> <p>Residents and families recalled contributing to creating their care plan, though when asked, were unaware of regular reviews taking place. Family members advised that while the home did not always contact them each month for reviews, they did trust them implicitly. Families also spoke of how impressed they were with staffs' intimate knowledge of their loved one, and the time taken to get to know them.</p> <p>The home was looking to recommence their Dementia Friend accreditation. Activities in the home were limited and a contingency was in place due to no Activities Co-ordinator currently being in place. Residents who were less mobile requested more inclusive activities in bedrooms.</p> <p>Residents confirmed they felt supported by staff, and observations showed staff treating residents with kindness and respect. Residents were seen to be given plenty of choices, and residents and families confirmed staff were respectful of their wishes. Residents said staff helped them with accessing support from other services. Good communication logs were kept, with details of visits and communications with other health professionals.</p> <p>All residents had best interest assessments uploaded to their care planning system evidencing family contribution. DoLS were seen to be used in the least restrictive way and recorded appropriately. Risk assessments were in place for each resident, along with overall environment risk assessments. Staff could not recall when they last had training on MCA, safeguarding or</p>		

DoLS, though could confirm this was included in their standard training and knew of internal policies in place. Staff were well versed in the purpose of whistleblowing.

Good levels of hygiene were observed throughout the assessment, including appropriate usage of handwashing and PPE. Staff were all seen to be bare below the elbow. Posters were displayed around the home promoting handwashing techniques and infection prevention. Bathrooms and PPE stations were fully stocked. Appropriate procedures were followed with waste handling and when serving food. Generally, the home was clean and well kept, tidy, and free of malodour.

During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. The medication room was found to be clean and tidy, and medications were stored and disposed of correctly. Administration was in line with policy and guidance, and rounds observed were person-centred, with excellent hand hygiene. PRNs were recorded with good protocols in place. All medications with variable doses were recorded clearly. Controlled drugs were stored and administered correctly. Front covers were completed to a very high standard, with additional person-centred information on residents' preferences. All MAR charts had clear directions, start and end dates, time-specific meds were in line with directions, and no missed signatures were found. Audits were completed regularly, and competencies were in line with contractual requirements.

Staffing levels were good; the staff body in the home was mostly long tenure. Rotas were in line with dependency tool. Agency use was limited. All staff completed a comprehensive induction when starting. Mandatory training was completed to above 80%, and a mix of online and face-to-face was used. All staff had regular supervisions (though this was not fully up to contractual requirements) and an annual appraisal.

Multiple feedback techniques were used around the home, including surveys, feedback forms, and a grumbles, complaints, and compliments log. All staff commented on how supported they felt by management. A mixture of team meetings, online chats, and notifications through the electronic care planning system were used to convey key messages. A comprehensive range of audits took place and fed into a home Action Plan for improvements required. Both the audits and Action Plans had monthly management oversight, and sign-off when completed.

Plans and Actions to Address Concerns and Improve Quality and Compliance

A small Action Plan will be completed by the provider to address the areas of improvement found. This will be assessed by the QuAC Officer, with monitoring visits as appropriate to evidence completion and full assurance of improvements.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The provider has a good level of engagement with the Local Authority. The manager is responsive to QuAC, Transformation, and Medicines Optimisation Teams.

Engagement and Support from Transformation Managers

The Transformation Team have a good relationship with Chestnut Lodge, and they have accessed a range of support and opportunities over the last year.

The home has accessed training offered via the Transformation Team including Meds Optimisation and Level 3 Medication Diploma. They have accessed support around recruitment via the Care Academy programme and have recently provided guaranteed interviews for candidates on the Sector Based Work Academy programme. The home has also completed their Adult Social Care Workforce Data set, and the administrator is looking to access her Level 5 Management qualification.

The home has not recently attended Provider Forums or Leadership sessions but are responsive to the resources sent to them. The home is up-to-date with DSPT, NHSMail, utilises NEWS appropriately, and has applied to complete the Dementia Friendly Care Home Accreditation. The home is keen to further explore activity provision for supporting residents that are nursed in bed. The administrator has also taken part in the Well Led Programme and is always keen to be involved in new projects if capacity allows.

Current CQC Assessment - Date / Overall Rating	09/03/2023	Requires Improvement
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Adult Social Care and Health Select Committee

18 February 2025

PHARMACEUTICAL NEEDS ASSESSMENT

Summary

The Committee will receive an update on the local Pharmaceutical Needs Assessment 2025.

Detail

1. Mindful of recent developments involving pharmacies (closure of one within Stockton-on-Tees earlier in 2024; the push for the public to go to pharmacies instead of GPs for certain issues / treatments) and the anticipated publication of an updated Pharmaceutical Needs Assessment (PNA) in October 2025 (referenced within the minutes of the Health and Wellbeing Board meeting in March 2024), the Committee has requested further details on:
 - the existing situation regarding pharmacy provision across the Borough
 - whether this is deemed sufficient
 - what is being identified as part of the consultation phase of the latest PNA review
2. A report has been prepared and is included within these meeting papers. The SBC Director of Public Health and the SBC Pharmaceutical Adviser are scheduled to be in attendance to provide a summary and address any Member comments / questions.
3. In preparation for this item, Members may wish to familiarise themselves with the following related documents:
 - Department of Health & Social Care PNA Guidance Document
<https://assets.publishing.service.gov.uk/media/617bdc31d3bf7f5601cf3168/pharmaceutical-needs-assessment-information-pack.pdf>
 - Healthwatch Stockton-on-Tees: Enter & View – Views & Experiences of People Accessing Pharmacy Services (Apr 24)
<https://www.healthwatchstocktonontees.co.uk/sites/healthwatchstocktonontees.co.uk/files/Experiences%20%26%20Views%20of%20People%20Accessing%20Pharmacy%20Services%20FINAL.pdf>
 - Report to Health and Wellbeing Board (Jan 25)
<https://moderngov.stockton.gov.uk/documents/s15939/HWB%20PNA%20Jan%2025.pdf>

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AGENDA ITEM

**REPORT TO ADULT
SOCIAL CARE AND
HEALTH SELECT
COMMITTEE**

18th February 2025

**REPORT OF DIRECTOR
OF ADULTS, HEALTH
AND WELLBEING**

Pharmaceutical Needs Assessment 2025

SUMMARY

The Stockton-on-Tees Health and Wellbeing Board (HWB) published its first Pharmaceutical Needs Assessment (PNA) on 25 March 2015, in accordance with the statutory duty to do so and published subsequent updates in 2018 and 2022.

The legislation that describes the HWB's duties in this regard is the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013ⁱ (as amended). As well as describing what each PNA was required to consider when they were first developed and published, these 2013 Regulations also describe how each local Assessment must be maintained by the HWB.

The next Pharmaceutical Needs Assessment is due to be published by 1st October 2025 (HWB notified 27th March 2024 meeting). This briefing provides an update to the Committee on the review, with proposed new localities having been approved at Health and Wellbeing Board in January 2025.

RECOMMENDATIONS

1. To note the updates in this report including:
 - a. changes to the pharmaceutical list in Stockton-on-Tees since the last PNA
 - b. changes to legislation in relation to 100-hour pharmacies
 - c. changes to pharmaceutical services
 - d. the findings from the residents' survey
2. To note and approve the revised localities that will be used to develop the PNA 2025
3. To note that a draft PNA 2025 will be considered at the March 2025 HWB for approval ahead of its statutory 60-day consultation with required stakeholders.

DETAIL

1. The regulations require the Health and Wellbeing Board to divide its area up into localities. This is open to local determination but it is suggested that the steering

group uses existing boundaries when defining localities e.g. wards to create localities.

Since the last PNA there has been a boundary review; 23 ward boundaries changes, and an additional ward has been created. Therefore, for the PNA 2025 there was a need to review our localities. Stockton-on-Tees PNA Review Steering group considered several options in related to localities for the PNA 2025 and agreed to use four localities for PNA 2025. Factors that influenced this included that; the two localities used in 2022 may mask variation of pharmaceutical needs in some parts of Stockton-on-Tees (particularly Thornaby and Billingham), pharmacy closures* that have occurred since PNA 2022, variation in deprivation, local knowledge of steering group and to avoid the document being too complex and lengthy.

Localities for PNA 2025

S1: Stockton-on-Tees North	S2: Stockton-on-Tees South	S3: Billingham	S4: Thornaby
Northern Parishes	Eaglescliffe East	Billingham Central	Stainsby Hill
Ropner	Eaglescliffe West	Billingham East	Mandale and Victoria
Stockton Town Centre	Yarm	Billingham North	Village
Norton North	Ingleby Barwick North	Billingham South	
Norton South	Ingleby Barwick South	Billingham West & Wolviston	
Norton Central	Southern Villages		
Hardwick and Salters Lane			
Newtown			
Roseworth			
Fairfield			
Hartburn			
Bishopsgarth and Elm Tree			
Grangefield			

2. There have been several changes to the pharmaceutical list in Stockton-on-Tees since the PNA 2022
 - Three pharmacies closed in Stockton-on-Tees – from 39 to 36 (Rowlands Billingham, Boots Thornaby and Sainsburys (Elm Tree))
 - Application approved on appeal by NHS Resolution to reopen a pharmacy in Elm Tree, the applicant has 12 months to open from date of approval, premises has not opened yet and applicant has until 4th September 2025 to open
 - Application offering unforeseen benefits at Land East of Hanzard Drive, South of Bloomfield Drive/Applecross and North Of Glenarm Drive, Wynyard, TS22 5FA under determination by NHS England

3. On 25th May 2023 regulatory changes were made to allow existing 100-hour pharmacies to apply to reduce their hours to a minimum of 72 hours / week subject to certain restrictions. Any existing core opening hours must remain that are: - Monday to Saturday between 5pm and 9pm; - Sunday between 11am and 4pm, and - Sunday's total opening hours (i.e., the existing, total core opening hours on Sundays must remain). There are 8, 100-hour pharmacies in Stockton on Tees. Since the change in regulations all 8 pharmacies have reduced their hours to between 72-90 hours / week. Most are open Monday to Saturday 9am-9pm and 10am-4pm on a Sunday. Two pharmacies open earlier Monday – Saturday and one pharmacy is open 8.30am-7pm on a Sunday. Many of these pharmacies now close for staff breaks over lunchtime or for two 30-minute slots during the opening period. The loss in hours from the hour's reduction in 100 hour pharmacies equates to the loss of 3 standard 40 hour pharmacies.

4. Since the last PNA 2022 a number of additional national advanced services have been added to the services that pharmacies can offer. Pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance and promotion of healthy living requirements. This all represents additional workload being undertaken across pharmacies.

Additional service introduced since the last PNA include;

- Pharmacy First (all contractors in Stockton providing)
- Pharmacy Contraception Service (approx. half of contractors in Stockton providing)
- Community pharmacy hypertension case-finding service (majority contractors in Stockton providing)

From 1st April 2025 any pharmacy delivering the Pharmacy First service must also deliver Pharmacy Contraception Service and the Hypertension Case-Finding Service. Flu vaccination is another advanced service provided by all pharmacies except one across Stockton. Covid vaccination is provided by 13 pharmacies across Stockton.

Covid vaccination is continuing to be delivered by specifically contracted pharmacies.

5. A resident's survey and pharmacy contractors survey been undertaken to inform the PNA 2025.

105 residents completed the residents' survey.

Key findings from the survey:

- 71% of respondents report using the same pharmacy
- 53% of respondents either drive or are driven to visit a pharmacy, 38% of respondents walk to their pharmacy
- 62% of respondents state that it takes <10 minutes to reach their pharmacy using their usual mode of transport, 31% access within 10-20minutes.
- 84% describe their usual pharmacy as very good or good
- 69% of respondents are happy with the current opening times of their usual pharmacy.

Only 6 contractors completed the contractors survey but we are able to get data from NHS England.

CONSULTATION AND ENGAGEMENT

Briefings have been given to Cabinet Member for Adult Social Care and Cabinet Member for Health, Leisure and Culture. An update was provided at the January 2025 meeting of the Health and Wellbeing Board.

A residents' consultation has been undertaken.

NEXT STEPS

A draft of the PNA 2025 will be taken to the March 2025 Health and Wellbeing Board for approval ahead of a formal 60-day statutory consultation.

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Name of Contact Officer: Sarah Bowman-Abouna, Director of Public Health
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ⁱ Available at <http://www.legislation.gov.uk/ukxi/2013/349> and hereafter referred to as the Regulations

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
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 CANCELLED Selinda Chouhan / Jasmine Tamer
18 February	Pharmaceutical Needs Assessment CQC / PAMMS Quarterly Update: Q3 2024-2025 Review of Reablement Service <ul style="list-style-type: none"> • Catalyst / VCSE Sector • Service-user / family / carer feedback • Other Council approaches 	Sarah Bowman-Abouna / Joanne Linton Darren Boyd Lucy Owens / Megan Stevens Rob Papworth
18 March	North Tees and Hartlepool NHS Foundation Trust (NTHFT): Quality Account 2024-2025 (TBC)	
18 March (informal – after formal meeting)	Review of Reablement Service <ul style="list-style-type: none"> • Summary of evidence / draft recommendations 	Rob Papworth

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

2024-2025 Scrutiny Reviews

- Reablement Service

Monitoring Items

- Care at Home (Progress Update) – April 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
- Care and Health Winter Planning – Update
- 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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