

Adult Social Care and Health Select Committee

A meeting of the Adult Social Care and Health Select Committee was held on Tuesday 17 June 2025.

Present: Cllr Marc Besford (Chair), Cllr Michelle Bendelow (sub for Cllr Nathan Gale (Vice-Chair)), Cllr Carol Clark, Cllr John Coulson, Cllr Lynn Hall, Cllr Vanessa Sewell, Cllr Sylvia Walmsley

Officers: Sarah Bowman-Abouna, Angela Connor, Calum Titley (A,H&W); Darren Boyd, Susan Taylor, Gary Woods (CS)

Also in attendance: None

Apologies: Cllr Nathan Gale (Vice-Chair)

ASCH/16/25 Evacuation Procedure

The evacuation procedure was noted.

ASCH/17/25 Declarations of Interest

There were no interests declared.

ASCH/18/25 Minutes

Consideration was given to the minutes from the Committee meeting held on 20 May 2025. Attention was drawn to the following:

- North Tees and Hartlepool NHS Foundation Trust - Quality Account 2024-2025: Following the May 2025 meeting, the Committee's statement of assurance for inclusion in the Trust's published Quality Account 2024-2025 document was prepared and agreed – this was submitted to the Trust on 3 June 2025.

AGREED that the minutes of the meeting on 20 May 2025 be approved as a correct record and signed by the Chair.

ASCH/19/25 CQC / PAMMS Inspection Results - Quarterly Summary (Q4 2024-2025)

Consideration was given to the latest quarterly summary regarding Care Quality Commission (CQC) inspections for services operating within the Borough (Appendix 1). Six inspection reports were published during this period (January to March 2025 (inclusive)), with attention drawn to the following Stockton-on-Tees Borough Council (SBC) contracted providers:

Providers rated 'Good' overall (2)

- Mandale Care Home had been upgraded to 'Good' overall (though rated 'Requires Improvement' for the 'Well-Led' domain) from its previous 'Requires Improvement' judgement in February 2023 – this followed a similar focused inspection which saw ratings for only the 'Safe' and 'Well-Led' domains. The latest assessment was undertaken to follow-up on past breaches of regulation, and it was found the

service was driving improvement and all breaches of regulation were now met. However, shortfalls were identified with records relating to the management of time-specific medicines; topical medicines, and medicines administered on a 'when required' basis.

Woodside Grange Care Home, meanwhile, maintained its overall 'Good' rating (deemed 'Good' across all five domains, with 'Well-Led' being upgraded from 'Requires Improvement') which it achieved following its previous inspection that was published in January 2021.

The remaining four reports were in relation to non-contracted providers. For primary medical care services, Myton Park Dental Centre was deemed to be meeting all regulations across the five CQC domains, whilst Norton Medical Centre received an overall rating of 'Requires Improvement' (with the 'Responsive' domain being judged 'Inadequate'), a downgrade on its overall rating of 'Good' following its previous inspection in 2022 which was published in January 2023 (prompting the Committee to invite the practice to the last meeting in May 2025 to respond to the CQC's findings and provide assurance on how it was addressing the concerns raised by the regulator). The final two reports were in relation to hospital and community health services, with Butterwick Hospice Stockton being upgraded to 'Good' overall following its previous 'Inadequate' judgement in 2021, and Tees, Esk and Wear Valleys NHS Foundation Trust – Mental Health Crisis Services & Health-Based Places of Safety retaining its overall 'Good' rating (though the 'Well-Led' domain was downgraded to 'Requires Improvement').

Focus turned to the section on Provider Assessment and Market Management Solutions (PAMMS) inspections (Appendix 2), of which there were 17 reports published during this period (January to March 2025 (inclusive)):

- Victoria House Nursing Home, Hadrian Park, Stockton Lodge Care Home, Churchview Nursing and Residential Home, Highfield (Stockton), The Poplars Care Home, Wellburn House, Allison House, and Elton Hall Care Home all maintained an overall rating of 'Good' – the same grading all nine services achieved following their previous inspections.
- The Beeches Care Home, Cherry Tree Care Centre, Mandale Care Home, Willow View Care Home, and Woodside Grange Care Home were all upgraded to 'Good' overall from their previous 'Requires Improvement' rating.

Given past issues highlighted to the Committee involving Willow View Care Home, the SBC Quality Assurance and Compliance (QuAC) Officer linked to that particular service was in attendance at this meeting to provide further details on the improvements it had made. Key reasons for its positive inspection outcome were the appointment of a new experienced manager and the inter-departmental work undertaken across the Council to support better practices within the setting. Before this, there were several changes in management (highlighting that handovers / procedures may not have been robust enough), deadlines for achieving required standards drifted, and there was a high number of safeguarding alerts (these had started to reduce to expected levels). The CQC subsequently inspected the service in light of these latest PAMMS outcomes.

The Committee asked when Willow View's admissions embargo was lifted and heard that this was conducted in a phased manner following the service's exit from the

Responding to and Addressing Serious Concerns (RASC) framework in August 2024. Admissions to the setting remained controlled so it was not overwhelmed, with 25 beds currently empty. Members commended the home and the hard work of staff for addressing concerns which had been prevalent since the emergence of the COVID pandemic, noting that this was particularly important given the Borough's limited dementia care provision.

- Three services received an overall rating of 'Requires Improvement'. Allington House was downgraded from the previous 'Good' judgement it received in 2022, with shortfalls identified in relation to personalised care / support and safeguarding / safety. Similarly, Roseville Care Centre was downgraded from its previous 'Good' rating in 2022, with the need for improvements found across all five PAMMS domains. Finally, Ingleby Care Home was no longer 'Good' overall (as it was deemed in 2024), with concerns raised in all but the safeguarding / safety domain.

As this was the final quarterly update of the 2024-2025 period, the Committee was informed that a total of 19 reports had been published by the CQC during the year following inspections of Stockton-on-Tees providers (10 adult services; seven primary medical care services; two hospital / other health care services) – this compared to 46 in 2019-2020. Members expressed concerns about this reduced output, as well as the fact that many CQC inspections in recent years only focused on two ('Safe' and 'Well-Led') of the well-established five domains. Allied to the reluctance of CQC representatives to attend the Committee to give an annual update on the national and local state of care, this was yet further evidence of a disappointing downward trend in the reliability of the regulator to supply intelligence on the performance of health and care providers. The Committee requested that a letter be sent by the Chair to relevant CQC representatives reflecting ongoing frustrations.

AGREED that:

- 1) the CQC / PAMMS Inspection Results – Quarterly Summary (Q4 2024-2025) report be noted.
- 2) a letter be sent by the Committee Chair to relevant Care Quality Commission (CQC) personnel reflecting the Committee's concerns around the visibility and output of the regulator.

ASCH/20/25 PAMMS Annual Report (Care Homes) - 2024-2025

The Committee was presented with the PAMMS Annual Report (Care Homes) for 2024-2025. Introduced by the SBC Quality Assurance and Compliance (QuAC) Manager, key content was relayed as follows:

- The Provider Assessment and Market Management Solutions (PAMMS) is an online assessment tool developed in collaboration with Association of Directors of Adult Social Services (ADASS) East and regional Local Authorities. It was designed to assist users in assessing the quality of care delivered by providers. The assessment was a requirement of the Framework Agreement (the 'Contract') with providers, and they were contractually obliged to engage with the process.
- Due to SBCs contractual commitment to the Framework Agreement, priorities for 2024-2025 were focused on homes that had a place on the 'Older Persons

Residential Framework Agreement 2024-2029'. Assessments were planned around priority of support / level of risk, taking into account factors including date and rating of last CQC / PAMMS assessment, outcomes from most recent CQC / PAMMS assessment report, other intelligence and data that increased the risk of service quality deterioration, and the number of PAMMS assessments that could be completed within current team resources.

- A summary table of assessments for contracted care homes (covering nursing, residential, learning disabilities, and mental health) undertaken by the SBC Quality Assurance and Compliance (QuAC) Team throughout 2024-2025 showed that, of the 29 inspections carried out, one service (Park House Rest Home) was rated 'Excellent' overall, 22 services had received a 'Good' overall PAMMS rating, and six services had been graded 'Requires Improvement' overall. None of the 16 learning disability-focused (14) or mental health-focused (2) services were assessed during 2024-2025.

Overall ratings following assessments published during both 2022-2023 and 2023-2024 were also included for comparison. 2024-2025 had seen a general improvement in ratings when set against the outcomes of inspections from the previous two years (2022-2023 results showed 14 services rated 'Good', and 14 receiving a 'Requires Improvement' judgement). Accompanying graphs illustrated ratings levels for 2022-2025 across services with a nursing, residential, learning disability, and mental health focus.

- Key themes from assessments that scored an 'Excellent' or 'Good' rating were listed, most of which echoed the content of previous Annual Reports – these included highly detailed and well-structured care plans, evidence of thorough and consistent monthly audits across all service areas, the operation of a robust Key Worker system, the safe and effective management of medication, strong recruitment procedures, the promotion of choice and independence, the quality and choice of resident meals, positive feedback from residents and their families, and a diverse and engaging programme of activities (tailored to meet individual and group needs).
- Key themes arising from those assessments that scored 'Requires Improvement' were outlined, again reflecting those highlighted in previous Annual Reports. However, the two overriding areas which impacted upon the quality of provision were the quality of management, and the management of medicines. Whilst a range of other shortfalls continued to present issues (e.g. lack of person-centred detail in care plans, lack of / insufficient management audits and checks, staff recruitment records incomplete, limited engagement with service-users / relatives / staff, infection prevention and control measures being inconsistent, home décor requiring attention), they were considered to pose a lower level of risk.
- An additional section to the report highlighted the 2022-2025 co-ordinated approach with North England Commissioning Support (NECS) Medicines Optimisation Team to assist providers with the medication elements of the PAMMS assessments. However, due to internal reorganisations of NHS England, the local Integrated Care Board (ICB) and NECS, it had been very recently confirmed that this joint working approach would no longer be able to continue (it was noted that NECS' work to support the PAMMS inspections was an 'extra' as opposed to a requirement). Assurance was given that the SBC QuAC Team had the

competency to ask the right questions and ensure the relevant information was evidenced for future inspections.

- The final element of the report ('Next Steps') documented what happened following a PAMMS inspection. As well as the formulation of an Action Plan to address any identified concerns (monitored regularly by the responsible QuAC Officer), inspection outcomes were shared with the CQC and ICB (via NECS) to help inform their own intelligence-gathering. Key themes were also communicated to the SBC Transformation Managers and Public Health so they could use the evidence to design projects and further interventions to support all care homes improve quality of care (a section summarising the work of the SBC Transformation Team during 2024-2025 was also included). Additionally, PAMMS ratings were provided to social workers who could share with families searching for a care home so they could access up-to-date information about the Council's view of quality, and PAMMS summary briefing reports were also available on the Stockton Information Directory (SID) (linked from the Older Persons Care Home Ranked List) for families and potential residents to access.

With reference to the report's concluding commentary, the Committee asked whether SBC or Catalyst (the co-ordinating organisation for the voluntary, community and social enterprise (VCSE) sector) was responsible for updating SID with PAMMS-related material – officers stated that it was the Council that did this.

Regarding the quality of management, Members drew attention to instances where some providers who owned multiple homes moved managers around in order to get an improved inspection rating at a setting which was experiencing challenges. The Committee was informed that this was not common practice within the Borough, though there had been occasions where an existing manager was drafted in from another home a provider owned. It was noted that, should this happen, the Council had previously increased monitoring of the service they had come from in case there was any deterioration in quality.

Focus turned to the developments involving NECS and the end of the joint approach to medication oversight, with the Committee questioning whether medicine processes were being led by pharmacists, and noting previous attempts to get a single GP linked to a care setting. Members wondered if this was an area of follow-up for the local Health and Wellbeing Board – SBC officers agreed to liaise with relevant colleagues to seek assurances for the Committee around medication provision within services.

Continuing with medication matters, the Committee asked if the available medication training was specifically promoted to all services or just those who were deemed to require improvement. Officers stated that those settings with medication shortfalls would have focused interventions, but that training support was open to all. Similarly, the Council's Well-Led Programme was accessible to all providers across the Borough.

Thanking the QuAC Team for another year of important and much valued work, the Committee welcomed the reduction in the number of services requiring improvement and the uptake of the Level 3 Medication Diploma. Officers were encouraged to promote the latter, particularly to services with identified medication issues.

AGREED that the PAMMS Annual Report (Care Homes) – 2024-2025 be noted.

ASCH/21/25 Regional Health Scrutiny Update

Consideration was given to the latest Regional Health Scrutiny Update report which summarised the work of regional health scrutiny committees and highlighted some recent health-related developments impacting on the Tees Valley and / or wider North East and North Cumbria footprint. Attention was drawn to the following:

- Tees Valley Joint Health Scrutiny Committee: As part of the previously agreed rotational arrangements, Redcar & Cleveland Borough Council was hosting the Committee in 2025-2026. The first meeting of the new municipal year was held on 8 May 2025 and focused on the Quality Accounts of both North Tees and Hartlepool NHS Foundation Trust (NTHFT) and South Tees Hospitals NHS Foundation Trust (STHFT). Following the meeting, the Committee agreed its third-party statements for inclusion in the two Trusts' final published Quality Account documents.

The next Committee meeting was scheduled for 17 July 2025 – anticipated agenda items included updates on Child and Adolescent Mental Health Services (CAMHS) and Tees Respite Care / Adult Learning Disability from Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), an NHS Dentistry update from NHS North East and North Cumbria Integrated Care Board (NENC ICB), and a joint Community Mental Health Transformation update from NENC ICB / TEWV. Separately, a Committee visit to the new Community Diagnostic Centre in Stockton was also being considered.

- Sustainability and Transformation Plan (STP) / Integrated Care System (ICS) Joint Health Scrutiny Committee: No further developments regarding this Joint Committee since the previous update in April 2025. In related matters, regional developments highlighted included the ongoing promotion of the NHS '*Be wise, immunise*' campaign to vaccinate high-risk people against COVID-19, and the NENC ICB 'Here to help you' webpage providing information on choosing the right NHS service for an individuals' needs. Attention was also drawn to a 'think pharmacy first' article, the new NENC ICB medicines strategy, and a warning on the risks of using weight loss medicines bought from private clinics or online. More locally, some recent NTHFT-related news items were also noted.

AGREED that the Regional Health Scrutiny Update report be noted.

ASCH/22/25 Chair's Update and Select Committee Work Programme 2025-2026

CHAIR'S UPDATE

The Chair had no further updates.

WORK PROGRAMME 2024-2025

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 22 July 2025 where the draft scope and plan for the Committee's next in-depth review of the local Adult Carers Support Service would be presented for approval. Other items were still to be confirmed, though the SBC Director of Public Health – Annual Report 2024-2025 would now not be considered until the September 2025 meeting at the earliest.

In other work programme matters, no further information had yet been provided in relation to the paused Reablement Service review, and an approach had been received by SBC officers regarding a forthcoming item on the SBC Adult Social Care Strategy refresh (discussions were ongoing about bringing this to the most appropriate meeting). The Committee also noted that it had received a presentation on the Tees Valley Care and Health Innovation Zone this time last year and agreed that an update on developments was required.

With reference to the minutes of the last Committee meeting in May 2025, Members were reminded of the offer from North Tees and Hartlepool NHS Foundation Trust (NTHFT) for the Committee to visit its discharge hub – it was agreed to accept this invitation.

AGREED that:

- 1) the Chair's Update and Adult Social Care and Health Select Committee Work Programme 2025-2026 be noted.
- 2) relevant officers be contacted for an update on the Tees Valley Care and Health Innovation Zone at a forthcoming Committee meeting.
- 3) a Committee visit to the North Tees and Hartlepool NHS Foundation Trust discharge hub be scheduled.

Chair: