Adult Social Care and Health Select Committee

A meeting of the Adult Social Care and Health Select Committee was held on Tuesday 23 June 2026.

Present: Cllr Marc Besford (Chair), Cllr Stefan Barnes, Cllr John Coulson, Cllr Lynn Hall, Cllr Vanessa Sewell

Officers: Angela Connor (A,H&W); Darren Boyd, Gary Woods (CS)

Also in attendance: Dr Girish Chawla, Jackie Jameson (Cleveland Local Medical Committee); Jennifer Long, Rebecca Warden (NHS North East and North Cumbria Integrated Care Board); Dr Mohammed Al-Damlooji, Felicity Brown, Dr Laila Fazluddin, Dr David Viva (Norton Medical Centre)

Apologies: Cllr Carol Clark, Cllr Jack Miller, Cllr Sylvia Walmsley

ASCH/17/25 Livestreaming

The Chair announced to those present that the meeting would be livestreamed.

ASCH/18/25 Evacuation Procedure

The evacuation procedure was noted.

ASCH/19/25 Declarations of Interest

There were no interests declared.

ASCH/20/25 Minutes

Consideration was given to the minutes from the Committee meeting held on 19 May 2026, with specific attention drawn to the following item:

- North Tees and Hartlepool NHS Foundation Trust – Quality Account 2025-2026: Members asked whether any further information had been provided by University Hospitals Tees (UHT) in relation to the possible addition of a DEXA (Dual-Energy X-ray Absorptiometry) scanner to the local Community Diagnostic Centre (CDC) in Stockton, as well as the requested performance data on cancer-related targets. It was confirmed that no correspondence had been received since the last Committee meeting in May 2026, but that UHT did provide additional cancer-related performance information at the subsequent Tees Valley Joint Health Scrutiny Committee meeting in early-June 2026 during a similar Quality Account presentation – this would be re-circulated to Members, and UHT would be contacted for a response to the DEXA scanner query.

AGREED that the minutes of the meeting on 19 May 2026 be approved as a correct record and signed by the Chair.

ASCH/21/25 CQC / PAMMS Inspection Results – Quarterly Summary (Q4 2025-2026)

Consideration was given to the latest quarterly summary regarding Care Quality Commission (CQC) inspections for services operating within the Borough (Appendix 1). Eight inspection reports were published during this period (January to March 2026 (inclusive)), with attention drawn to the following Stockton-on-Tees Borough Council (SBC) contracted providers:

Providers rated 'Good' overall (2)

- Stockton Lodge Care Home retained its 'Good' overall rating which it last attained during a previous focused inspection (the outcomes of which were published in September 2022).

- Partners4Care Limited, a care at home / supported living provider, had its overall rating upgraded to 'Good'. A previous focused inspection (the outcomes of which were published in June 2023) deemed that the service required improvement, but all five CQC domains were now judged 'Good'.

The remaining six reports involved four primary medical care services and two hospital / other health care services. Regarding the former category, Riverside Medical Practice and The Densham Surgery maintained an overall rating of 'Good' (though improvements were required at Riverside in relation to safe care and treatment following identification of a breach of regulation), whilst McCormick & Harrington Limited (also known as Billingham Dental) was meeting regulations in all five inspection domains. However, Norton Medical Centre remained 'Requires Improvement' (repeating its overall rating from its previous inspection, the outcomes of which were published in March 2025) following two identified breaches of regulation with regard to safe care and treatment, good governance, and fit and proper persons employed – this saw the 'safe' and 'responsive' domains graded 'Requires Improvement' and the 'well-led' domain deemed 'Inadequate'. For the latter category, Stockton Dialysis Clinic (based within the University Hospital of North Tees) was judged 'Good' overall and across all five inspection domains, but HQ (an ambulance service provided by Direct Medical Transport Limited) received an overall rating of 'Requires Improvement' following its first ever inspection – this included an 'Inadequate' grading for the 'well-led' domain.

Focus turned to the section on Provider Assessment and Market Management Solutions (PAMMS) inspections (Appendix 2), of which there were twelve reports published during this period (January to March 2026 (inclusive)):

- Woodside Grange Care Home, Wellburn House, Victoria House Nursing Home, Cherry Tree Care Centre, Willow View Care Home, and Allison House all maintained an overall rating of 'Good' – the same grading all six services achieved following their previous inspections. Wellburn House saw improvements in the 'quality of management' domain, Victoria House in the 'safeguarding and safety' domain, and Allison House in the 'suitability of staffing' domain. However, shortfalls were identified at Willow View in terms of 'suitability of staffing' (which had been downgraded from 'Good' to 'Requires Improvement').

- CEL Homecare Teesside, Parkside Court and Aspen Gardens received a 'Good' overall rating after being inspected for the first time, though all three required improvements within the 'suitability of staffing' domain. Vestra Homecare

Hartlepool, which provided services within Stockton-on-Tees, was also graded 'Good' overall (and across all five PAMMS domains) following its first inspection.

- Roseville Care Centre and Ingleby Care Home had been upgraded to 'Good' overall (deemed 'Good' in all five domains) following the previous 'Requires Improvement' positions both received in February 2025 and March 2025 respectively.

The Committee thanked the SBC Quality Assurance and Compliance (QuAC) Manager for presenting the report which, particularly from a PAMMS perspective, was a very positive quarterly period.

AGREED that the CQC / PAMMS Inspection Results – Quarterly Summary (Q4 2025-2026) report be noted.

ASCH/22/25 PAMMS Annual Report 2025-2026

The Committee was presented with the PAMMS Annual Report 2025-2026. Summarised by the Stockton-on-Tees Borough Council (SBC) Quality Assurance and Compliance (QuAC) Manager, key content was relayed as follows:

- The Provider Assessment and Market Management Solutions (PAMMS) was 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 2025-2026 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 the last Care Quality Commission (CQC) / PAMMS assessment, outcomes from the most recent CQC / PAMMS assessment report, other intelligence and data that increased the risk of service quality deterioration, and the number of PAMMS assessments that could be completed within current team resources. Assessments were also conducted on newly contracted providers delivering Care at Home and Housing with Care services within the Borough (that had not previously been assessed).

- A summary table of assessments for contracted care homes (covering nursing, residential, learning disabilities, and mental health) undertaken by the SBC QuAC Team throughout 2025-2026 showed that, of the 29 inspections carried out, two services (Park House Rest Home and The White House Care Home) were rated 'Excellent' overall, 26 services had received a 'Good' overall PAMMS rating, and one service (Churchview Nursing and Residential Home) had been graded 'Requires Improvement' overall. As was the case in 2024-2025, none of the 16 learning disability-focused (14) or mental health-focused (2) services were assessed during 2025-2026.

  Overall ratings following assessments published during both 2023-2024 and 2024-2025 were also included for comparison. 2025-2026 had seen a further improvement in ratings when set against the outcomes of inspections from the

previous two years (2024-2025 results showed one service graded ‘Excellent’, 22 services rated ‘Good’, and six receiving a ‘Requires Improvement’ judgement). Accompanying graphs illustrated ratings levels for 2023-2026 across services with a nursing, residential, learning disability, and mental health focus.

- Summary tables of assessments for contracted Care at Home (2) and Housing with Care (2) services undertaken by the SBC QuAC Team throughout 2025-2026 showed that, of the four inspections carried out, all provision was rated ‘Good’ overall.

- Key themes from assessments that scored an ‘Excellent’ or ‘Good’ rating were listed, much of which echoed the content of previous Annual Reports – these included highly detailed and well-structured care plans (supporting a person-centred approach and clearly reflecting the wishes of the service-user), the operation of a strong key worker system, the safe and effective management of medication, evidence of thorough and consistent monthly audits across all service areas, robust recruitment procedures, the promotion of choice and independence, the quality and choice of resident meals, positive feedback from service-users and their families, and a diverse and engaging programme of activities (tailored to meet individual and group needs, and promoting social interaction and overall wellbeing).

- Key themes arising from those assessments that scored ‘Requires Improvement’ were outlined, including incomplete / insufficient life history sections within care planning, improvements to care planning not being sustained over time, inconsistent and conflicting assessment information, care plan reviews not being meaningful (e.g. content being copied and pasted rather than properly reviewed), key worker systems not being used effectively, minor gaps in medication records, and the need for stronger managerial oversight of audit systems. As noted in last year’s (2024-2025) report, two areas that had consistently shown a direct correlation with a ‘Requires Improvement’ rating were ‘quality of management’ and ‘management of medicines’. These domains had seen real improvements in quality and service delivery throughout 2025-2026, though remained the primary areas of concern and risk for homes – as such, SBC constantly monitored and reviewed intelligence to ensure risks were mitigated through targeted support for providers.

- Despite internal re-organisations of NHS England, the NHS North East and North Cumbria Integrated Care Board (NENC ICB) and North England Commissioning Support (NECS), co-ordinated working to assist providers with the medication elements of the PAMMS assessments had continued for 2025-2026. However, for 2026-2027, operational service delivery had to evolve. NECS continued to undertake medicines audits within the Borough’s care homes, but combined team visits were not possible due to their own internal priorities and operational commitments (SBC still received audit outcomes and utilised this intelligence for risk management and response planning). Further details on the future plans of the NECS Medicines Optimisation Team was anticipated in the new year, and SBC would review its own strategy once this was confirmed.

- The final element of the report (‘Summary and Next Steps’) emphasised the clear improvements in PAMMS ratings during 2025-2026, and 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

SBC QuAC Officer), inspection outcomes were shared with the CQC and ICB to help inform their own intelligence-gathering. Key themes were also communicated to the SBC Transformation Managers 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 2025-2026 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 / potential residents to access.

The Committee praised this latest annual report and the very positive nature of its content. Regarding the one care home which had been rated below a 'Good' standard (Churchview Nursing and Residential Home), Members noted the reduced frequency of CQC inspections and asked if SBC had any indication when the regulator may re-visit the service. Although this was not known, assurance was given that SBC did discuss intelligence with the CQC and that all areas which required improvement at Churchview had now been signed off as complete – the service would also undergo another PAMMS inspection in 2026-2027. Whilst welcoming the response (particularly given the good reputation the care home historically had), the Committee stressed that the CQC still needed to maintain appropriate oversight of this service.

AGREED that the PAMMS Annual Report 2025-2026 be noted.

ASCH/23/25 Norton Medical Centre - Response to latest CQC inspection

Following a recent Committee request, representatives of Norton Medical Centre were in attendance to provide a response to the latest Care Quality Commission (CQC) inspection of its services.

In response to the CQCs previous mid-2024 inspection (published in March 2025) which saw Norton Medical Centre downgraded from 'Good' to 'Requires Improvement' (the 'responsive' domain being deemed 'Inadequate'), the Committee invited the practice to provide its response to the regulator's findings – this was subsequently considered at the Committee meeting in May 2025.

In March 2026, the CQC published its latest view of Norton Medical Centre following an inspection in October 2025. The practice's overall rating remained 'Requires Improvement', but whilst the 'effective' and 'responsive' domains had been upgraded, the 'well-led' domain was downgraded to 'Inadequate'. Prior to the publication of these findings, the CQC served a warning notice on Norton Medical Centre on 17 November 2025 for failing to meet the regulations relating to safe care and treatment.

Reflecting on these latest outcomes, the Committee agreed that the practice should provide a further response. Representatives were therefore in attendance at this meeting and, led by the Interim Practice Manager and supported by three GP Partners, a presentation was given which included the following:

- Latest Inspection: Conducted by the CQC on 2 October 2025 and published on 6 March 2026, the practice was graded 'Good' in the 'effective' and 'caring' domains, 'Requires Improvement' in the 'safe' and 'responsive' domains, and 'Inadequate' in the 'well-led' domain.

- Safe: Areas of improvements and strengths were found in relation to safeguarding, clinical systems and continuity, environmental and infection control, and patient safety in practice. However, focus was required around safety culture and learning, staffing and competency, medicines safety (it was noted that previous medication issues involved an external agency that was supporting the practice), and incident-reporting and governance.

- Responsive: Achievements around person-centred care, equity and inclusion, and future planning were seen as areas of improvements and strengths, whilst work was needed on service access, listening and engagement, communication and information, and care co-ordination.

- Well-Led: Shortfalls were identified in terms of equality, diversity and inclusion, governance and risk management, partnership and stakeholder working, learning and improvement, leadership and culture, leadership capability, and 'freedom to speak up'.

- Well-Led Action Plan: To improve leadership and accountability, action would be taken around recruitment, establishing the practice's 'vision', strengthening staffing and meeting structures, reviewing the risk register, and enhancing communication with staff and patients (e.g. 'You said, we did'). Further actions in relation to staff engagement, wellbeing and support (staff survey; 1:1s and appraisals), patient and public involvement (Patient Participation Group (PPG); patient feedback), responding to concerns (complaints process; 'freedom to speak up'), and monitoring and demonstrating improvement (regular reviews; engagement with staff; engagement with stakeholders for feedback) had also been identified.

- Staff Survey: Results were relayed from a post-inspection staff survey which focused on eight areas – safety and speaking up, leadership and management, workload and pressure, learning from mistakes, behaviour, respect and culture, wellbeing and support, and confidence in improvement:

    - 74% strongly agreed that mistakes were treated as an opportunity to learn
    - 95% strongly agreed / agreed that they felt safe to speak up if something did not feel right
    - 64% agreed leadership communicated clearly with staff
    - 61% agreed that their workload was manageable
    - 65% strongly agreed / agreed that there was a culture of kindness and professionalism
    - 43% agreed that they knew there was wellbeing support available to them
    - 48% felt informed of the CQC improvement actions being taken

    Specific questions on what was working well and one change that would make a big, positive difference were included in the survey, with examples of feedback provided within the presentation.

- Changes: A number of changes had been implemented to address concerns raised by the regulator – these included locums being in place to support with capacity and demand, use of the Digital Staff Pool (facilitated by Hartlepool and Stockton Health (H&SH)), recruitment for a Practice Manager (and Deputy Practice Manager) and a further GP Partner, the re-introduction of the staff newsletter, and use of TeamNet (a knowledge, compliance and workforce management solution

for primary care functions) to support with incidents / complaints. A revised meeting structure, a review of pay structure, work with the PPG on a patient survey, and the introduction of appraisals with the clinical team were further developments, with the practice also benefitting from the support of the Local Medical Committee (LMC), H&SH and the Primary Care Network (PCN) it was a member of.

- Access: A graphic illustrated the themes that patients were contacting Norton Medical Centre for, with administrative help (e.g. fit notes, test results, updates on previous queries) being comfortably the most prevalent reason (over 16%). The number of weekly eConsults submitted to the practice between 18 May 2026 and 14 June 2026 ranged from around 700 to approximately 850 (a total of 3,035 (by 2,431 individual patients) over this four-week period).

Thanking Norton Medical Centre representatives for their attendance and the information provided, the Committee reflected on this being the second time in just over a year that the practice had been asked to respond to issues raised by the CQC and emphasised the need for assurance that concerns were being addressed.

Referencing the CQCs most recent report, the Committee highlighted comments from staff questioning the '*professionalism of management, including attitudes towards staff members, breaches of staff confidentiality and allegations of foul language being used*', as well as staff stating they felt threatened by redundancies. The Interim Practice Manager responded by stating that significant changes had been made to the leadership team since the last inspection, and that there was now a different culture / environment around the surgery (as evidenced by the recent staff survey responses). Attempts were being made to recruit management personnel who would work well with GP Partners.

Regarding the practice's Patient Participation Group (PPG), the Committee noted the CQCs findings that '*Representatives from the PPG described feeling unsure of their role. They told us they often felt useless and not informed or consulted with in relation to changes made within the practice' and 'The PPG also told us that their concerns were not always taken seriously*'. The Interim Practice Manager felt there had previously been a lack of clarity on the issues raised by the PPG and that the agenda had been changed for future group meetings to assist in this regard. Following this up, Members noted the stated ambition during last year's presentation to the Committee to get more appropriate representation on the group and asked what had been done to realise this. The practice offered to provide further details after the meeting, though confirmed that timings of meetings had been varied to make them more accessible (particularly to those who were employed and struggled to attend during the standard working day), also stating that PPG members were offered the opportunity to take on specific roles / responsibilities (though this was still a work-in-progress).

The Committee expressed particular concern over the CQCs observation that the practice '*did not always ensure medicines and treatments were safely managed*', something which was surely a fundamental requirement of a general practice. Norton Medical Centre personnel expressed confidence that the work undertaken in response to these latest CQC findings would ensure there were no further issues in relation to medication.

Attention was drawn to the numerous references within the CQCs inspection report relating to practice leaders not listening, with Members also emphasising how vital respect to and from staff was as it was they who ensured the service was operational. Again, recent changes to the leadership structure were highlighted, as was the sense of a re-energised workforce who were vital in providing safe and effective care.

Focus turned to the staff survey undertaken by the practice since its latest CQC outcomes were published. Responding to several Committee queries, it was confirmed that staff could remain anonymous if they wished (four of the 39 respondents included their name when submitting their views), there was now a wellbeing lead within the clinical team, staff appraisal format / paperwork had been changed, training opportunities had been discussed and supported, and department leads had met to discuss the CQC improvement actions being taken (to increase the number of staff who felt informed about these).

Seeking clarity on Norton Medical Centre's patient list size and its current clinical staffing capacity, Members were informed that there were around 16,500 individuals registered with the practice at present, with three GP Partners, four salaried GPs, six nurses, two advanced clinical practitioners, and three healthcare assistants (HCAs) employed. The Committee asked if the intended Business Manager had been appointed and heard that an Operations Manager was instead recruited to work alongside the Practice Manager but was no longer in post (the plans to make the PPG more representative of the patient list had therefore not been implemented yet). Additionally, Members noted the issues raised by the CQC around shortfalls in skills to administer vaccinations – the practice stated the individual in question did have the required training, though evidence was not to hand. HR processes had since been changed to ensure there would not be a repeat incident.

The Committee asked how supportive the NHS North East and North Cumbria Integrated Care Board (NENC ICB) had been in helping the practice address the concerns identified by the CQC. The Interim Practice Manager confirmed that offers of support had been forthcoming, and taken up, from the ICB and others (e.g. LMC / PCN / H&SH), with ICB officers who were also in attendance at this meeting commenting that Norton Medical Centre understood the seriousness of the situation and had made promising changes as a result. Members were reminded of the new 'You and Your GP' Patient Charter which enabled views to be submitted either directly to practices or via the ICB – the latter would liaise with a practice should any feedback be received (no comments had yet been sent to the ICB about Norton Medical Centre).

A final question for the ICB concluded this item, with the Committee enquiring what options it had if Norton Medical Centre did not make the required improvement. Support would continue to be given, and there were plans for the development of a general practice improvement programme – the practice would be given an opportunity to engage with this. In-hours closures could also be facilitated to enable training and development to be undertaken. From a contracting perspective, the ICB would continue to monitor progress of actions needed to address concerns, along with the information that had to be submitted evidencing this.

AGREED that the Norton Medical Centre response to the latest Care Quality Commission (CQC) inspection of its services be noted.

ASCH/24/25 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: Middlesbrough Council was hosting the Committee in 2026-2027. The first meeting of the new municipal year took place on 2 June 2026 where agenda items included the appointment of the new Chair, a NHS England / Northern Neonatal Network presentation on the delivery of neonatal care across the North East and North Cumbria region, and a Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) update on its review of Adult Eating Disorder Services. Senior University Hospitals Tees (UHT) personnel also presented the joint (North Tees and Hartlepool NHS Foundation Trust (NTHFT), and South Tees Hospitals NHS Foundation Trust (STHFT)) Quality Account 2025-2026 and provided details of planned workforce reductions across the UHT footprint.

  The next meeting was scheduled for 23 July 2026. Although the agenda was still to be confirmed, a request was made at the June 2026 meeting for an item to be included on access to specialist community perinatal mental health services.

- 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 2026. In related matters, regional developments highlighted included the ongoing promotion of the NHS North East and North Cumbria Integrated Care Board (NENC ICB) 'Here to help you' webpage, the award-winning North East and North Cumbria Staff Mental Health and Wellbeing Hub, significant developments in lung-health care, improved performance against the NHS four-hour treatment standard, a NHS patient transport services survey, and the NENC ICB Annual Involvement Report 2025-2026.

  At a more local level, some recent North Tees and Hartlepool NHS Foundation Trust (NTHFT) news items were noted in relation to a new Perinatal Pelvic Health Service (PPHS), national recognition for a Stockton volunteer, a new nurse-led biopsy service within the urology offer at the University Hospital of North Tees, and involvement in a national trial looking into a condition known as broken heart syndrome.

AGREED that the Regional Health Scrutiny Update report be noted.

ASCH/25/25 Chair's Update and Select Committee Work 2026-2027

CHAIR'S UPDATE

The Chair had no further updates.

WORK PROGRAMME 2026-2027

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 21 July 2026 and would include the presentation of

a new Stockton-on-Tees Borough Council (SBC) Adult Services Complaints Report, the Healthwatch Stockton-on-Tees Annual Report 2025-2026 (brought forward from the stated September 2026 meeting), and the draft scope and plan for the Committee's next in-depth review of Protection of Property. The annual update on developments relating to the Tees Valley Care and Health Innovation Zone (TVCHIZ) was also anticipated, though this was yet to be confirmed by relevant senior officers.

Members expressed disappointment that the scope and plan for the forthcoming Protection of Property review could not be considered at this June 2026 meeting and hoped that the expected TVCHIZ update would not also be pushed back to a later date.

AGREED that the Chair's Update and Adult Social Care and Health Select Committee Work Programme 2026-2027 be noted.

Chair: …….