

Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 3rd September, 2019.

Present: Cllr Evaline Cunningham (Chairman), Cllr Clare Gamble (Vice-Chair), Cllr Kevin Faulks, Cllr Lynn Hall, Cllr Mohammed Javed, Cllr Luke Frost (Sub for Cllr Tina Large), Cllr Paul Weston, Cllr Bill Woodhead MBE

Officers: Martin Skipsey (SP&G), Emma Champley (AST), Angela Connor (AS), Judy Trainer, Peter Mennear, Marianne Sleeman (DCE)

Also in attendance: Peter Smith (Healthwatch, Stockton on Tees), Michael Houghton (NHS Hartlepool and Stockton-on-Tees and Darlington CCG), Steve Pett, Paul Rafferty, Bob Warnock, Siobhan Smith (NT&HFT), Emma Thomson, Ruth Harris (TEVW)

Apologies: Cllr Bright

ASH 15/19 Evacuation Procedure

The Chair welcomed everyone to the meeting and the evacuation procedure was noted.

ASH 16/19 Declarations of Interest

Cllr Luke Frost declared a general personal non prejudicial interest as he was a member of the Health and Wellbeing Board

Cllr Hall declared a general personal non prejudicial interest as she was a member of the Health and Wellbeing Board

ASH 17/19 Minutes from the meetings held on 4th June and 19th July 2019

Consideration was given to the minutes from the meetings held on 4th June and 19th July 2019.

AGREED:

That the minutes of the meeting held on 4th June and 19th July 2019 be confirmed and signed as a correct record.

ASH 18/19 Healthwatch Stockton-on-Tees Annual Report

Members were presented with an overview of the Healthwatch Stockton on Tees 2018-19 Annual Report. The key issues for the service were highlighted together with emerging issues as follows:

- The aim of Healthwatch was to represent the views of residents and patients within Health and Social Care in the Borough. The statutory duties were to understand the needs of the people who use services. Healthwatch publically reports its findings and specifically to the CQC as part of its work.
- Members were informed the numbers of volunteers and Youth Health volunteers were growing.

- Healthwatch confirmed they have the power to undertake 'enter and view' visits to Care Homes and other health and social care providers; the visits normally last from 4 hours to 6 hours per Care Home to see how management and staff were operating. The volunteers would work with the decision makers around people's concerns within Health and Social Care. All findings would feedback to the CQC.
- Healthwatch carried out 28 Care Home visits within the last 12 months and a range of recommendations were made.
- Care Homes could refuse a visit from Healthwatch, any refusal would be reported to providers, CQC, the Local Authority and Healthwatch England.
- Future projects for 2020 will include:
 - Suicide Prevention.
 - Mental Health Services including Children and Adolescent Mental Health Services.
 - Sensory Impairment Support
- Discussions took place around consideration for the possibility of Respite Care being offered in Care Homes within the Borough in the future.
- Members were informed all volunteers completed specific 'Enter and View' training before conducting any visit to a Care Homes.

AGREED:

Members agreed the Healthwatch Stockton on Tees Annual Report be noted.

Healthwatch would offer any feedback to the Committee around re-visits made to Care Homes.

**ASH
19/19**

ScrutinyReview of Care Homes for Older People

Members received information from Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV) and North Tees and Hartlepool Hospitals Foundation Trust (NTHFT) as part of the scrutiny review of Care Homes for Older People.

A power point presentation was given by TEWV and a briefing paper was provided by NTHFT. The information provided was in response the following key lines of enquiry:

- What services are provided to support care homes for older people?
- What broader health and social care support is in place to support care homes?
- What client feedback arrangements are in place?
- What are the mechanisms for addressing concerns raised directly by clients, or through other sources?
- What quality monitoring arrangements are put in place?
- How do you achieve value for money without impacting on the quality of care?
- What is the relationship like with care homes? Are there any barriers to

delivering quality services?

The main issues discussed in response to the Committees questions were as follows :

TEWV

- There had been a huge increase in referrals to the Intensive Community Liaison Service (ICLS) and the complexity of clients being seen. Although the service was stretched, patients were not waiting longer to be seen.
- Caseload was reviewed on a daily basis and there were concerns about staff wellbeing
- An open referral system was operated with very few cases of residents being ineligible; where this was the case, they would be signposted to other services
- Some GPs had allocated care homes and GPs and pharmacy colleagues worked closely with care homes on medication management. However, mental health needs often required specialist expertise. It was recognised that medication was not always the best option but it was stressed that decisions were based on clinical need rather than cost
- Non-pharmacological interventions were used where possible and admission to hospital was a last resort
- The pro-active ICLS service was a new service complementing existing services; preventative services were provided under the Better Care Fund
- Staff recruitment and retention was a national issue and local issue
- The complexity of individual clients and client group mix presented challenges for care home staff
- Waiting times were discussed for people just starting to develop mental health problems; triage was part of the assessment process, using the PINCH ME test which would commence immediately on referral

Pain

INfection

Constipation

Hydration

Medication

Environmental

- Discussion took place around the increase in delirium cases and it was acknowledged that hospital admission could add to the problem

NTHFT

- All Care Homes had a community matron aligned to the home who were Advanced Clinical Practitioners and the Single Point of Contact (SPC) for the

home. All referrals came through the SPA and referrals to acute services had reduced

- The work of the Integrated Discharge Team had led to a reduction in “bed blocking”; ultimately the decision on whether to take a resident back rested with the home. Mediation with the care home through the Community Matron was an important part of hospital discharge. A key area of improvement included the provision of accurate information on discharge (e.g. “Red Bag”)
- The Friends and Family test was introduced 8-10 years ago; this simply asked a question as to whether the service would be recommended to another person. The answer to this question was “yes” in over 90% of cases. The test was anonymous so individual follow up was not possible but details of the service and relevant dates were available
- One of the main barriers to service delivery was the fast turnover of Care Home Managers and other staff. Another issue was lack of access to IT and Information Governance issues regarding information sharing
- Education and training was vital in improving the quality and safety of services. Greater partnership working and more integrated approaches were also essential

AGREED

The information be noted.

**ASH
20/19**

Care Quality Commission Inspection Update

Consideration was given to the assessment of progress on the implementation of the recommendations from the Care Quality Commission Inspection Updated.

The main issues discussed were as follows:

- An embargo on all admissions had been placed on St Marks Care Home within the Borough its inspection. A new Deputy Manager was in place and following input from CQC, NHS and the Council including visits that continued to be made on a weekly basis to ensure all actions identified in the inspection were carried out, the embargo had now been lifted.
- Members were informed that correct leadership was the key to running a good Care Home.
- It was noted there was some good work being carried out in our Care Homes.

AGREED

That the updated be noted.

Members requested additional information be included in the report to provide context on individual services wherever possible

ASH **Minutes of the Health and Wellbeing Board**

21/19

Consideration was given to the minutes from the Health and Wellbeing Board.

AGREED

That the minutes from the Health and Wellbeing Board be noted.

ASH **Select Committee Work Programme**

22/19

Consideration was given to the Adult Social Care and Health Select Committee Work Programme 2019 - 2020.

AGREED:

The Adult Social Care and Health Select Committee Work Programme be noted.

ASH **Chairs Update**

23/19

Members were informed an update from Healthwatch would be given at the Adult Social Care and Health Select Committee on 8th October 2019 to inform the Care Homes for Older People review.