

Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 11th February, 2020.

Present: Cllr Evaline Cunningham (Chair), Cllr Clare Gamble (Vice-Chair), Cllr Jacky Bright, Cllr Kevin Faulks, Cllr Lynn Hall, Cllr Mohammed Javed, Cllr Paul Weston, Cllr Bill Woodhead MBE

Officers: Emma Champley, Gavin Swankie, Claire Evans, Victoria Ingham, Mandy Mackinnon, Darren Boyd (A&H); Rebecca Saunders-Thompson, Gary Woods (MD)

Also in attendance: Jill Foreman, Steve Pett, Louise Johnson (NTHFT); Paula Swindale, Paul Whittingham (HaST CCG); Peter Smith (Healthwatch)

Apologies: Cllr Luke Frost

ASH 54/19 **Evacuation Procedure**

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

The evacuation procedure was noted.

ASH 55/19 **Declarations of Interest**

Cllr Hall declared a personal non-prejudicial interest concerning item 7 (Care Quality Commission (CQC) Inspection Results - Quarterly Summary (Q3 2019-2020) as she had a relative currently residing in The White House Care Home.

Cllr Cunningham declared a personal non-prejudicial interest in relation to item 5 (Scrutiny Review of Hospital Discharge) as she was a Board member at Eastern Ravens.

ASH 56/19 **Minutes**

Consideration was given to the minutes from the meeting held on 10th December 2019.

AGREED that the minutes be approved as a correct record and signed by the Chair.

ASH 57/19 **Scrutiny Review of Hospital Discharge**

Members were presented with an overview of hospital discharge by representatives of the North Tees and Hartlepool NHS Foundation Trust (NTHFT), NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HaST CCG), and Stockton-on-Tees Borough Council (SBC). The key topics of the presentation were as follows:

- NTHFT operates an interagency discharge policy which include discharge pathways. Performance monitoring is an ongoing process and a patient's discharge pathway is considered from the point of admission.

- During the period between April 2019 and January 2020, 24,846 Stockton residents were discharged from hospital. The areas which patients are discharged from were also highlighted, including the discharge lounge.

- It was noted that NTHFT is consistently below the 3.5% target of delayed discharges. Daily and weekly actions are undertaken to constantly monitor the discharge process and to ensure targets continue to be met.

- Communication between patients, staff, and relatives/carers/support network is an essential part of the discharge process. Again, it was noted that planning for discharge begins at the point of a patient's admission.

- Patients with specialist needs, such as cognitive issues or those who require palliative care, are provided with additional tailored support. Support is also provided to families and carers who cannot visit or require more flexible visiting hours.

- A video on the Volunteer Driver Scheme was shown as an example of facilitating discharge – this was part of a number of transport options including the Discharge Ambulance Service and specialist transport (e.g. palliative ambulance for end-of-life care. An incident reporting system was in place if things do not look right when a patient is returned home.

- Medication was listed as an important part of the discharge process, including arrangements for weekend discharges.

- The green, amber, and red discharge pathways were explained. This included an overview of short and long-term interventions.

- Interagency working relationships ensure that patients have the right care plan in place for their needs. Support and information is provided to families/carers through ward visits and leaflets.

The main issues discussed were as follows:

- Cases of patients being discharged from hospital dressed in nightwear were raised. Members were informed that a partnership between the Trust and Billingham Foodbank has been formed to provide clothing for patients ahead of discharge who do not have family support. Food parcels are also given to patients who require them.

- Members raised a question about the pharmacy service, in particular the out-of-hours and weekend provision. Members were informed that the Trust had brought forward daily decisions around discharge, and that when a patient is ready to be discharged, the pharmacy is contacted as soon as possible. Discharge teams try to speed up other elements of the process so that medication can be obtained before the pharmacy closes. A weekend pharmacy service operates.

- The Committee asked if the Trust facilitate a more rapid discharge service for those receiving palliative care. Members were informed that the Trust can enable quicker discharge for palliative patients so that they can return home as soon as possible.

- Members were informed that external services and issues, such as waiting for families or care homes to collect patients on discharge, can contribute to delays.

- The Committee asked if provisions are in place to support young carers, as they can often feel overlooked. The Trust reiterated that they try to engage all appropriate relatives/carers/friends in a patients' care and their subsequent discharge process, irrespective of age. Although dealing with young carers was less common, provisions to support them can be looked into further.

- Members asked about out-of-hours services and the accessibility of information for individuals if issues with their care package arise following discharge. Members were informed that all patients are provided with relevant contact numbers on discharge, and that the Council's OneCall service is also arranged for many of those following the green or amber pathway. This information is collated so it is accessible for all abilities. The front cover sheet provided by SBC Reablement Services will be sent to the Scrutiny Team to assist with the review.

- Members were informed that NTHFT were working with the Assessment Reablement Team (ART) to develop increased weekend provision for discharge. Discharge timings are constantly monitored at ward level. Vulnerable patients or those with additional needs would not be discharged late on an evening.

- Discussion took place around patients being readmitted to hospital following discharge. The Trust conduct audits around this and specifically look at those patients readmitted within 28 days to see if the reason for them coming back into hospital is the same as the what they were first admitted for. The Trust were conscious however that sometimes there was a need to take positive risks when it comes to discharge, as for most, prolonged stays in hospital have been seen to have adverse effects on an individual.

The Committee requested the following further information:

- Separate discharge delay data for North Tees Hospital was requested, in addition to the data already supplied for the whole Trust area.

AGREED that:

- 1) the information be noted.
- 2) the further information be provided as requested.

**ASH
58/19**

Monitoring the Impact of Previously Agreed Recommendations

Consideration was given to the assessments of progress on the implementation of the recommendations from the Scrutiny Review of Gambling.

The main issues discussed were as follows:

- Members questioned if monitoring the resilience of children will continue following the review. Members were informed that resilience is a core element in

work programmes for children so this will continue.

- Members questioned why recommendation five slipped. Members were informed that this was an issue of communication with CCG and improvements would be made in the future to increase promotion of services. SBC would like a campaign to be delivered on the issues of gambling and where those affected can receive support. The Committee was assured that dates had been scheduled in to address this recommendation.

AGREED that the Progress Updates be noted and the assessments for progress be confirmed.

ASH 59/19 Care Quality Commission (CQC) Inspection Results - Quarterly Summary (Q3 2019-2020)

Members were presented with the Care Quality Commission (CQC) Inspection Results – Quarterly Summary – Q3 2019-2020. The key issues were highlighted as follows:

- Members questioned whether the ratings for some care homes had fallen due to changes in management. Reuben Manor was mentioned in particular regarding this issue, especially around its refusal to allow a Healthwatch ‘enter and view’ inspection (though it was noted that they were now more receptive to working with the Council). Members were informed that some ratings had fallen because they had not been engaging with SBC as well as other care homes and ongoing support was available from SBC.

- Members were informed of the Transformation Manager network programme which is open to care homes and is being further developed at present – the current offer includes groups on how to promote activity within care homes, and how to improve CQC ratings.

- The interest from the press in ice skating for residents of White House Care Home was noted. Members questioned whether SBC could liaise with Tees Active to assist with costs for carers. Members were informed this will be discussed with Tees Active.

- Members commended the achievement of the Council’s OneCall service, which had received a ‘good’ rating following its first CQC inspection. The Committee also found the updated CQC briefing format more helpful.

- The Committee was informed that national and regional comparative data would be provided as part of a future CQC quarterly update (likely around October 2020) so Members could see how the Borough’s care homes rate within a wider context.

AGREED that the information be noted.

ASH 60/19 Regional Health Scrutiny Update

The Committee was provided with an update on the work of the regional health committees.

AGREED that the Regional Health Scrutiny Update be noted.

**ASH
61/19** **Work Programme 2019-2020**

Consideration was given to Work Programme. Members were reminded of the additional Committee meeting scheduled for the 25th February 2020 which would consider the overview report for Adults and Health, as well as a presentation from the Care Quality Commission (CQC) on their State of Care Annual Report 2018-2019.

AGREED that the Work Programme be noted.

**ASH
62/19** **Chairs Update**

The Chair had no further updates.