

Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 25th February, 2020.

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

Officers: Ann Workman, Emma Champley (A&H); Rebecca Saunders-Thompson, Gary Woods (MD)

Also in attendance: Cllr Jim Beall (Deputy Leader of the Council and Cabinet Member for Health, Leisure and Culture), Cllr Ann McCoy (Cabinet Member for Adult Social Care), Carl Swift (CQC)

Apologies: Cllr Jacky Bright,

ASH 63/19 Evacuation Procedures

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

ASH 64/19 Declarations of Interest

There were no declarations of interest.

ASH 65/19 Minutes of the meeting held on 14 January 2020

The minutes of the meeting held on 14 January 2020 were confirmed as a correct record.

ASH 66/19 Care Quality Commission (CQC) - State of Care Annual Report 2018-2019

The Committee had been provided with the Care Quality Commission (CQC) State of Care Annual Report 2018-2019 (full report and summary), and a presentation on this report from a CQC Inspector was given at this meeting. The key elements of the presentation included:

- Purpose of the CQC
- Current model of regulation
- CQCs unique oversight of care
- Current quality of care across England
- Key messages received from the State of Care Report 2018-2019
- Data on the struggle to access care
- Data on the pressure in A&E and across the system
- Specific findings for Adult Social Care
- Recommendations from the State of Care Report 2018-2019
- Information about the CQC Tees Valley Team
- CQCs work with the Local Authority
- Active locations and ratings for the Stockton-on-Tees area
- Ratings comparisons with other Tees Valley Local Authorities.
- Issues arising from the State of Care Report 2018-2019

The main issues discussed following the presentation were as followed:

- The Committee was pleased to note that the CQC ratings for services

across the Borough were now broadly similar to the national picture, particularly the slightly higher percentage of services graded 'outstanding'.

- Members questioned if new government legislation on immigration will affect recruitment in the care service. Members were informed that providers are finding it difficult to recruit the right staff in general. The CQC and other bodies have sent information to the government about addressing staffing shortages. There is a proportion of the care workforce from a non-British background who will potentially be impacted by any new legislation, but the final impact cannot be determined at the moment.
- The Committee raised concerns around the recording of medicines, a frequent issue for those providers who do not achieve a 'good' rating, and queried what was being done to address this. Nationally, the CQC had observed a number of issues around the management of medication, though in some cases, could still be confident they were being administered even if the recording of them was not as robust as desired. Domiciliary Services were highlighted, with call times not always aligned with medication routines, and the family not always playing their part in ensuring their relative took their medication when required. The CQC do signpost providers to various NICE guidance, and have also issued their own guidance. Ultimately it is the providers' responsibility to improve where required, though the CQC can work more closely with a provider or even look at enforcement measures.
- Members requested clarity around the CQCs enforcement powers. Two strands exist; civil and criminal. Civil enforcement is used for lower-level requirement notices and the CQC can impose conditions on a provider's registration (including removal, though this needs to be weighed against the disruption to individuals using a service). Criminal enforcement can only be taken against a provider or registered manager and can involve financial prosecution – the CQC do not regulate individual care staff, though can refer cases to the Police if the provider has done all they can to mitigate bad practice in terms of training/supervision, etc.
- In response to concerns raised around medipacks, Members were informed that although the CQC do not regulate pharmacies, they do ask services to highlight any problems relating to this provision. The Committee also noted cases of people receiving medication they do not need, though this should be picked up via their annual GP/pharmacist review. The CQC would reflect any problems a provider has regarding medication issues involving GPs and/or pharmacists, but has no power to compel pharmacists to act. Providers would be expected to conduct regular medication reviews (e.g. changes in need, ensuring medication upon discharge).
- The Committee questioned why Hartlepool was not part of the CQC Tees Valley Team, particularly since the local Trust was North Tees and Hartlepool. Assurance was given that the CQC shares the same information with both Stockton-on-Tees and Hartlepool, and that there is no boundary in terms of communications between inspectors. The CQC representative would however feed these concerns back to the Inspection Manager.
- Members questioned if staffing recruitment pressures would affect the CQC as well as the NHS, and in turn impact upon the quality of reports.

Members were informed that the review process for CQC reports has several stages (internal quality control) to ensure that all elements have been covered. The CQC does have an independent complaints process if concerns are raised about any of its staff, however the CQC representative was unaware of any challenge to a report based on who the inspector was.

- Members were informed that the CQC are unable to lobby the government on a particular policy (i.e. Adult Social Care being exempt from new legislation on immigration). The CQC are able to highlight health and social care issues through their reports, and are also able to comment directly when policies are published.
- Members were informed that the regional Directors of Adult Services meet with the CQC on a regular basis and have been involved with CQC reviews, and had also agreed to carry out some peer-review work to learn and share best practice.
- The benefits of the Borough's Urgent Care Centre were noted, particularly in easing pressures on local A&E services. However, the bigger national issue remains the lack of a sustainable social care plan.

AGREED that:

1. the information be noted.
2. the CQC representative would feed the Committee's concerns around the composition of the CQC Tees Valley Team back to the CQC Inspection Manager.

ASH 67/19 **Overview Reports 2020**

The Committee was presented with the Adults and Health overview report 2020, which included the following:

- Priorities of the Health and Wellbeing Board
- Adults – Key challenges and opportunities
- Public Health – Challenges and opportunities over the last year
- Public Health – Priorities for the year ahead
- Environmental Health – challenges and opportunities
- Potential Area for In-Depth Review

The main issues discussed were as recorded as follows:

- Smoking, as the leading cause of death across the Borough, was highlighted, along with the provision of additional support to help those who want to stop smoking. This issue had been identified by the Health and Wellbeing Board as a specific area for development, along with 'healthy schools (Borough-wide network established to address inequalities) and emotional wellbeing/mental health of children and young people. In addition, a 'community pathfinder pilot' was being undertaken to better connect people to local services and support communities more (e.g. tackling loneliness).

- A partnership-approach is key to delivering the Health and Wellbeing Board's priorities, along with other mechanisms such as the 0-19 commissioned service and the anticipated emergence of Primary Care Networks. Some issues could also be addressed through the school curriculum, though the Board are mindful of a schools' existing responsibilities. Members questioned if teachers were the appropriate leads to deliver emotional wellbeing projects (and whether they would want to do this) and queried if schools could receive external support from mental health advisors.
- In terms of Adult Services, a lack of clarity around long-term funding was a critical issue. However, efforts made to improve the standard of the Borough's care homes was commended, along with improvements in enabling people to live longer, and more safely, within their own homes.
- People self-funding their care was raised, and whilst this did not involve large numbers locally, the Council's Finance Officer's work closely with a person and their family to understand assets and provide information on available benefits. It was noted that some people self-fund because they want to, but may in future come into the Council's system if their circumstances change.
- Members questioned why domestic abuse was not included in the report. Members were assured that this issue is addressed in a number of ways that do not sit solely within the Adults and Health arena (e.g. Safer Stockton Partnership looks at it from a crime and disorder perspective), with the Health and Wellbeing Board being the lead. A strategy is in place, along with a Steering Group (including three Cabinet Members) which reports to the Board. Members were also informed that the Cleveland and Durham Navigator Project on domestic abuse have recently received significant funds to continue this scheme.
- Members were informed that the Council is committed to healthy eating schemes for children during school holidays, and were looking at a similar initiative to alleviate weekend hunger. The Council are trying to maximise the opportunities with the limited resources they currently have and they are also bidding for more resources/funding.
- Potential future topics for review were noted, including Dual Diagnosis (mental health and substance misuse), Community Engagement, and Learning Disability Support.

AGREED that the information be noted.

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68/19**

Work Programme 2019-2020

Consideration was given to Work Programme. The next Committee meeting is scheduled for the 10th March 2020, and will include an item on the North Tees and Hartlepool NHS Foundation Trust Quality Account 2019-2020.

AGREED that the Adult Social Care and Health Select Committee Work Programme 2019-2020 be noted.

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Chair's Update

69/19

The Chair had nothing further to update.