

Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 9th February, 2021.

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

Officers: Ann Workman, Emma Champley, Gavin Swankie (A&H); Darren Boyd (FD&BS) Rachel Maddison (Xentrall); Michael Henderson, 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); Alex Sinclair (Tees Valley CCG); Dean Laws (ERS Medical); Peter Smith (Healthwatch Stockton-on-Tees)

Apologies: Cllr Bill Woodhead MBE

ASH 52/20 **Declarations of Interest**

There were no interests declared

ASH 53/20 **Minutes of the meeting held on 17 November 2020 and the meeting held on 15 December 2020.**

Consideration was given to the minutes from the Committee meetings held on the 17th November 2020 and the 15th December 2020.

AGREED that the minutes for both the 17th November 2020 and the 15th December 2020 be approved as a correct record and signed by the Chair.

ASH 54/20 **Overview Report 2021**

As part of the annual opportunity to hold Cabinet Members and Services to account, as well as understand the challenges and issues arising ahead of the next year's work programme, the Committee was presented with the overview report from the Adults and Health directorate.

Noting that the report covered Adult Social Care only (the 'health' element would follow at a future Committee meeting), the Council's Director of Adults and Health began by emphasising that, despite an incredibly tough year, there had been no use of Care Act easements nor ceasing of any Care Act duties. Attention was then drawn to the following highlights:

Government Guidance

- The Council has responded quickly and flexibly to all Government Guidance across numerous areas including the care sector, lockdown measures, personal protective equipment (PPE), testing, care home visiting, designated settings, infection prevention and control, and the Department of Health and Social Care Winter Plan.

Workforce

- Staff have adapted extremely well to the significant changes, and at pace, and have adapted to new ways of working. For some Council staff, this means working from home, and technology has enabled staff to do this successfully. Work and support across a host of Adult Social Care areas (as

listed) has been maintained, with services continuing in the manner people would expect them to.

Care Sector

- Significant support given to local providers via Provider Forums (well received and well attended), newsletter circulation, infection control advice (in conjunction with North Tees and Hartlepool NHS Foundation Trust, Public Health and Environmental Health – this includes visits to care homes as well as remote support), Government guidance and PPE assistance, and psychological help (via Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust).

NHS Partnership-Working

- Excellent partnership-working since the emergence of COVID-19 covering a multitude of areas including integration across Intermediate Care Services, Reablement, Occupational Therapy, equipment, Single Point of Access, hospital discharge, and support in the community.

Safeguarding Adults

- All safeguarding work has continued throughout the pandemic, including face-to-face visits (although restricted – circumstances considered), mental health and substance misuse, domestic abuse, rise in fraud / scams, e-learning, and use of digital solutions (Zoom / Microsoft Teams).

In summary, the directorate's work would continue to focus on the COVID-19 response, with learning and innovation which has taken place during the last challenging year to be used to influence future Adult Social Care provision.

The Committee asked if, on reflection, the Council could have done anything different in terms of its response to the pandemic. In reply, Members were informed that the Council had consistently followed the Government's guidance to the letter, and this sometimes demanded a very swift response (i.e. PPE). Staff had gone over and above national requirements, and it was felt that there were no areas that should have been addressed differently.

Whilst the need to adapt working practices (e.g. increased working-from-home) was understandable, Members queried if this had impacted on service quality and / or staff wellbeing. With regards service provision, the Council was confident that quality had not been compromised and had in fact increased options within some departments. From a wellbeing perspective, the Director had recently participated in three live Q&A sessions with directorate staff (attended by over 100 employees) and there was an overwhelming positivity from the workforce which was not only inspiring, but also validated the support given to staff from management.

In relation to safeguarding adults, the Committee sought clarity over whether lateral flow tests were being used to facilitate face-to-face care home visits. It was stated that some providers will be using these tests in addition to safe distancing and PPE provision.

Praising all those working in the care sector, Members asked for an update on the vaccination roll-out within local care homes. It was reported that, as of Friday last week (5th February 2021), 1,149 (out of 1,285) care home residents had received a vaccine – the deadline for the remaining individuals is the 14th

February 2021, and ill-health would be the only reason for not achieving full take-up. As for care home staff, 1,147 (out of 1,639) had been vaccinated.

Discussing this issue further, the Committee noted a recent Members Briefing Seminar which raised concerns around care home staff declining the vaccination. In attempting to allay any fears around the vaccine, the Council held a Provider Forum which involved input from two prominent local medical leaders who answered a range of questions from care home staff around vaccine safety (the Council are trying to ascertain if the Forum had a positive impact on take-up, but intend to use a similar approach for other staffing areas where concerns have been raised around the vaccine (e.g. local care-at-home services)). Members pointed to their own personal discussions with Black, Asian and minority ethnic staff to encourage take-up, and questioned how care homes followed-up with staff who did not want to be tested or vaccinated – each care home has a nominated clinical lead, but this would be investigated further.

COVID-19 outbreaks within Children's Homes was raised and it was confirmed that a number of Children's Services staff had already been vaccinated courtesy of the Council's priority staff list. Concern was also expressed in relation to confusion caused by yesterday's (8th February 2021) Government announcement which appeared to encourage anyone over 70 who had not yet received their vaccination to contact their GP to arrange one. Members were informed that the preference of local GPs is that they themselves contact residents, not the other way round. The Director of Commissioning, Strategy and Delivery for the Tees Valley Clinical Commissioning Group (TVCCG) (also present at this meeting) added that the TVCCG had worked with Local Authorities across the Tees Valley to develop a set of 'frequently asked questions' which should help address any queries or concerns from the local population.

With reference to the key priorities outlined in Appendix 1 of the report, Members welcomed any efforts to support those adults currently placed 'out of area' (in both residential and nursing homes) to return to live in the Borough. In addition, it was important to recognise that many residents who will require Social Care input in the future may have had no prior contact with this Council department. For those residents who are lonely and living in social isolation, identifying these people early and working together to provide the best possible service was vital. The Council acknowledged the need to continually improve and promote its offer which will, in turn, help raise the overall profile of Adult Social Care.

Reflecting on the ongoing impact of the pandemic, the Cabinet Member for Adult Social Care stressed that doing things differently does not equate to a drop in standards, and that innovation often makes service provision better. Council staff have reported great pride in what they have initiated and achieved over the last year, and it was important that senior management provided continual dialogue to the directorates' employees and understood the wider pressures (e.g. family, financial, health) that staff were working under during this extremely challenging time. Recognising and assessing the impact and quality of input from the voluntary sector would be important moving forward, and the introduction of 'informal' carers who were appreciative of the contact / support from the Council was also noted.

The Committee re-iterated the issue of increased social isolation due to COVID-19 and considered the need to re-integrate individuals to society in post-pandemic times – working with the voluntary, community and social enterprise (VCSE) sector would be key here.

Mindful of the significant impact of COVID-19 on care homes, the Committee Chair asked Members if they would be willing to support a potential task and finish review of multi-agency support to care homes during the pandemic. Whilst the Committee had already been made aware of specific issues in relation to hospital discharge, it was felt that a more wide-ranging piece of work that could understand some of the local data in conjunction with input from relevant stakeholders could further support care home providers and identify any other issues / concerns they may have. Members were supportive of this proposal and suggested that it be put to the Chair of the Executive Scrutiny Committee for prompt approval so the work could begin immediately. However, the Committee was reminded that, as with all reviews, the full Executive Scrutiny Committee would have to approve any additions to a Select Committee's work programme – further advice would be sought after this meeting regarding the approval timeframe.

Members commended the directorate for all their efforts over the course of the year and asked that thanks were passed onto staff for the service they had continued to provide in the face of enormous, and ongoing, pressures.

AGREED that:

- 1) the information be noted.
- 2) the Council provides an update on how local care homes are following-up with their staff who refuse to be tested for / vaccinated against COVID-19.
- 3) the Chair, on behalf of the Committee, submits a topic suggestion regarding multi-agency support to care homes during the COVID-19 pandemic which is considered for addition to the Committee's work programme at the earliest opportunity (in line with the Council's constitution).

**ASH
55/20**

Tees Valley Clinical Commissioning Group (TVCCG) Update

Following an invitation from the Committee Chair last year, the recently-appointed Director of Commissioning, Strategy and Delivery for the Tees Valley Clinical Commissioning Group (TVCCG) was in attendance to present reports on the 2020 reconfiguration of the CCG and the work of the CCG during the COVID-19 pandemic.

Tees Valley CCGs Merger Update

A detailed overview outlining the merger of the Tees Valley CCGs in 2020 was provided as follows:

- Background to the merger
- Anticipated benefits of merging
- Implementation of the merger
- Benefits of the merger

- Supporting place-based approaches in the Tees Valley
- Benefits realisation
- Summary of benefits identified

It was noted that a consultation on the future of the Integrated Care System (ICS) was currently ongoing, a key part of which was around the acceleration of collaborative working. TVCCG had submitted a response to this in January 2021 and would update partners once the results emerge.

Reflecting on potential changes to existing 'health' structures, the Committee felt strongly that there was a need to ensure local priorities were not swallowed-up by a bigger overarching body, and that local commissioning issues must continue to be identified. Supporting this point, an example was provided involving the special educational needs and disabilities (SEND) agenda, where work is undertaken collaboratively across the Tees Valley, but each Local Authority area has its own needs which are taken into consideration when tailoring any local commissioning.

Members highlighted the practice of GPs conducting visits to the homes of elderly people to undertake COVID-19 vaccinations and asked if this was something that would be implemented locally. In response, the Committee was informed that this was a very recent national development and TVCCG would support practices to implement the initiative.

CCGs COVID-19 response and learning from Waves 1 and 2

The Committee considered a further detailed report on the work of TVCCG since the emergence of COVID-19, key aspects of which included:

- Establishing our response framework
 - o Legal
 - o CCG governance processes
 - o Internal co-ordination and revised working arrangements
- Stronger together – working as a system
 - o Senior system leadership
 - o Primary Care
 - o Infection prevention and control (IPC) guidance and support to care homes
 - o Emergency personal protective equipment (PPE)
 - o Quality surveillance
 - o Working with providers on the implementation of NHSEs requirements
 - o Children and adult safeguarding
 - o Children and Young People's Services and SEND
- Phase 3
- Conclusion and next steps

The Committee commended the contents of the report, in particular the CCGs success in becoming a national pilot site to implement a COVID-19 virtual 'ward', now known nationally as 'Covid Oximetry @home'; where patients who were COVID-positive, or had symptoms of COVID-19 and who were not yet tested, would be admitted to the 'ward' for up to 14 days and be monitored remotely using pulse oximetry.

Members sought further details around the introduction of the 'Consultant Passport' to allow Consultant staff to work between Foundation Trust sites. It was explained that if there was an identified need for a Consultant based at one hospital to support another, the clinical systems currently in place do not allow this to happen easily. As such, the 'passport' concept was an attempt to facilitate greater staff flexibility where required (within the Tees Valley for now, though this could be rolled-out more widely).

With regards the implementation of triage systems in GP practices during the pandemic, the Committee noted that not all individuals will be comfortable speaking to the person fielding the initial enquiry, particularly if it involves very personal or sensitive health concerns. TVCCG stated that it could look to gather information around the local impact of this system which was adopted nationally as a result of the pandemic.

The Committee thanked all TVCCG staff for their considerable efforts over the last year, and for the updates provided at this meeting.

AGREED that the information be noted.

ASH 56/20 Care Quality Commission (CQC) Inspection Results - Quarterly Summary (Q3 2020-2021)

The Committee was presented with the latest quarterly summary regarding CQC inspections within the Borough. It was again noted that the report was unusually brief as the reporting period (October to December 2020 (inclusive)) had been affected by the ongoing impact of COVID-19 on the CQC inspection programme.

Twelve inspection reports were published during this period, ten of which were 'focused inspections' which had been introduced as a result of the pandemic and involved checks on infection prevention and control management (a link to the published report was provided rather than a full briefing report). The exception to this was Butterwick House, where a standard briefing was included in light of previously identified issues.

Attention was drawn to the two full briefing reports listed which showed both Direct Health (Stockton-on-Tees) and Reuben Manor improving their overall CQC rating from 'requires improvement' to 'good'. The former was seen as a well-managed / led setting which supported its service-users to have maximum choice, whilst the latter had focused on, and subsequently improved upon, previous medication issues. These were impressive improvements by both services considering the additional burdens placed on providers by COVID-19.

Since the CQC were continuing to conduct numerous 'focused inspections' in response to the ongoing pandemic, an example of the content usually included within a report following such an inspection was included for information. Members felt the typical content and findings was very limited and did not give the reader much insight into how the provider was operating.

In related matters, concern was also expressed around CQCs work on outbreak settings which, although understandable, only provided a snapshot of a situation and could be ambiguous (e.g. use of the word 'visitors' – does this mean

professionals, family or both?) – there is also a sense that most information is gathered prior to any visit. It is vital that people can have confidence in these findings, though developments around the CQCs Transitional Regulatory Approach (TRA) (which recognises the need to get out to services more and scrutinise activity – an approach highlighted during the Committee meeting in December 2020) are to be welcomed.

With regards designated settings, it was asked if admissions to Rosedale had stopped for those people coming out of hospital. Assurance was given that Rosedale is open, and the COVID-positive unit is still available for those requiring to isolate – the service will be fully operational again next week.

AGREED that the Care Quality Commission (CQC) Inspection Results – Quarterly Summary (Q3 2020-2021) report be noted.

ASH 57/20 **Regional Health Scrutiny Update**

Consideration was given to the latest Regional Health Scrutiny Update report summarising developments regarding the Tees Valley Joint Health Scrutiny Committee, the Sustainability and Transformation Plan (STP) Joint Health Scrutiny Committee and the North East Regional Health Scrutiny Committee. Attention was drawn to the following:

- Tees Valley Joint Health Scrutiny Committee: although the agenda and papers for the 29th January 2021 meeting were circulated to Members, late documentation was issued in relation to a North East Ambulance Service (NEAS) performance update (Appendix 4) and TEWV: Our Big Conversation – draft strategic framework (Appendix 5) – these had been included with this update report for information.
- TEWV AGM: held as a remote meeting on the 24th November 2020, an update on the ‘Our Big Conversation’ initiative had recently been issued and would be circulated to Members following this meeting. Links to AGM-related documentation had also been provided with the update report.
- Sustainability and Transformation Plan Joint Health Scrutiny Committee: Recent developments involving this Joint Committee were noted, including correspondence received on the 29th January 2021 regarding the Joint Committee’s collective response to the NHS England / Improvement Consultation on ICS Development.

AGREED that the Regional Health Scrutiny Update report be noted.

ASH 58/20 **Scrutiny Review of Hospital Discharge (Phase 2)**

The Committee continued its evidence-gathering for the second phase of this review (discharge to an individual’s own home) by considering a presentation from ERS Medical, a private transport provider contracted by North Tees and Hartlepool NHS Foundation Trust (NTHFT). The organisation’s Senior Operations Manager for the North East took Members through the following key elements:

- About ERS Medical

- ERS Medical role in discharge of individuals from hospital
- Communication (feedback / concerns)
- Issues relating to discharges
- Impact of COVID-19
- Managing PPE
- Partnership-working

Highlighting the Cleric system which provides real-time support designed to maximise operational efficiency to reduce waiting time and delays for service-users, it was noted that this system was also being utilised to instantly report any concerns that staff had when assisting in the discharge of individuals from hospital to their home.

With reference to the list of identified issues in relation to discharge, Members asked if these were merely one-off incidents or whether some were more common than others. Medication concerns were most prevalent (though this impacted more on admission to care homes rather than an individual's own home), whereas care packages not being in place was less of a problem as ERS Medical work alongside hospitals to ensure these were as expected. If family or carers are not aware that someone is returning home, their house might be cold, but this, along with all other issues, happens very rarely. ERS Medical crews do not wish to leave any individual in a vulnerable position.

The Committee explored the process for raising issues back to NTHFT and asked if the Trust had a designated person that ERS Medical staff could contact in relation to discharge concerns / problems. Members were informed that the organisation works closely with the hospital (particularly call handlers) on a daily basis to reduce any risks and rectify any issues.

At the point of any incident, staff raise this on the 24-hour RADAR system. Once completed, an email is received by the care team and the Senior Operations Manager alerting them to a RADAR healthcare event. At this point, the Senior Operations Manager informs the hospital of a possible incident and an initial investigation will be carried out at site, taking incident reports and statements from any staff involved. A copy of any booking information received from the booking hospital through the Cleric online booking system is also taken, and an investigation will also be carried out by the ERS compliance team.

Once all the information has been collected and reviewed, the Senior Operations Manager receives a technical review of the incident and any action plan the care team feel needs to be in place to reduce future risk or any lessons learnt. Once completed, the hospital is provided with the findings. These will be reviewed at the monthly contract meeting with the hospital or, if needed, a meeting will be put in place at the earliest opportunity to agree on the actions required depending on the incident. If the incident reported is related to safeguarding, a referral will be put in place immediately.

A query was raised as to what happens if no care plan is in place and there is no food at the home of a returning patient. In these circumstances, ERS Medical staff try not to take people back to hospital and will contact the Senior Operations Manager (or other service leads) whilst waiting with the individual until family / carers can come out or the hospital responds. Staff would not

leave a person alone.

Regarding COVID-19, the Committee asked about the impact of requiring more time cleaning down ambulances and whether more crews were needing to be deployed. ERS Medical liaised with hospitals around the former, who responded by setting-up cleaning points at the hospital site to reduce vehicle downtime. In relation to the latter, the organisation monitors the numbers due to be discharged and can send additional support if required (an ad-hoc crew can be made available).

AGREED that the information be noted.

**ASH
59/20** **Work Programme 2020-2021**

Consideration was given to the Committee's current Work Programme. The next meeting was scheduled for the 16th March 2021 and would include a key feature of the Committee's annual workload, namely the consideration of the North Tees and Hartlepool NHS Foundation Trust Quality Account for 2020-2021.

AGREED that the Adult Social Care and Health Select Committee Work Programme 2020-2021 be noted.

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60/20** **Chair's Update**

The Chair had nothing further to report.