

Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 15th December, 2020.

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

Officers: Emma Champley, Gavin Swankie, Rebecca Gray (A&H); Rachel Maddison (Xentrall); Michael Henderson, Gary Woods (MD)

Also in attendance: Louise Johnson, Matthew Wynne (North Tees and Hartlepool NHS Foundation Trust); Geoff Newton, Peter Smith (Healthwatch Stockton-on-Tees); Tracey Hamilton (Eastern Ravens); Carl Swift (CQC)

Apologies: None

ASH 40/20 Declarations of Interest

Councillor Evaline Cunningham declared a personal, non-prejudicial interest in relation to agenda item 5 (Scrutiny Review of Hospital Discharge (Phase 2)) as she was currently a Director of Eastern Ravens.

ASH 41/20 Minutes of the meeting held on 5 November 2020

Consideration was given to the minutes from the Committee meeting held on the 5th November 2020.

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

ASH 42/20 Action Plan for Agreed Recommendations - Scrutiny Review of Hospital Discharge (Phase 1)

The Committee was presented with an Action Plan setting out how the agreed recommendations from the Scrutiny Review of Hospital Discharge (Phase 1) will be implemented and target dates for completion.

Members sought clarity around which organisations were involved in the Care Home Protection Group referenced under recommendation 1 (There is continued regular engagement between local NHS Trusts, SBC and care providers regarding escalation-planning and how this will be managed, with arrangements to be agreed by all stakeholders) – confirmation would be circulated after this meeting.

Regarding recommendation 6 (Regular testing of care home staff and residents is supported, with a continued push for a quicker turnaround in the notification of test results), the Committee asked which types of COVID-19 testing were currently being administered within the Borough's care homes. Again, this would be clarified following the meeting, though it was confirmed that the lateral flow tests were only for visitors to care homes at present.

In terms of recommendation 2 (North Tees and Hartlepool NHS Foundation

Trust provide a prompt response to the communication issues raised by care homes through the survey undertaken as part of this review), it was felt appropriate, and agreed prior to this meeting, that representatives from the Trust would provide their initial response at the same time the draft Action Plan was presented to the Committee. As such, Members were informed of the following (supplementing the Trust's own Action Plan in relation to this recommendation which was circulated prior to the meeting):

- The multidisciplinary group set-up to review the Committee's report and recommendations includes both Trust and Stockton-on-Tees Borough Council (SBC) staff, reinforcing the partnership approach to this issue.
- Pleased to see the positive feedback from the care home survey, but recognise that the comments provided in relation to good communication between the Trust and care homes was not universal.
- Opportunity to improve communications between the Trust and local care homes identified at the Care Home Protection Group forum held on the 6th November 2020 (with 30 care home representatives present).
- At the forum on the 3rd December 2020, care homes representatives (35 were present) were shown the admission pathways and how COVID and non-COVID cases were being managed within hospital.
- Seven-day offer now in place regarding Community Matrons and Frailty Co-ordinators, with a renewed focus on the Home First campaign.
- Implementation of the Transfer of Care document highlighted – high priority for the Trust as these have not previously been issued consistently.

The Committee noted the need to ensure 'red bags' (containing key paperwork, medication and personal items to facilitate quicker hospital discharge for care home residents) are provided in a timely and accurate manner, and also drew attention to the survey feedback from care homes around repeated calls from different wards / professionals / therapists about the same individual. Regarding the latter, the Trust acknowledged that, in trying to do the right thing, some care homes may have felt bombarded with calls, but that the introduction of the Home First Champions should hopefully avoid repetitiveness in the future as they will act as a conduit between the hospital wards and the Integrated Discharge Team.

Members thanked the Trust for their initial response to the care home survey feedback. An initial progress update in relation to the proposed actions for all of the review's recommendations would be scheduled for either February or March 2021.

AGREED that:

1. the Action Plan in relation to the recently completed Scrutiny Review of Hospital Discharge (Phase 1) be approved;
2. confirmation of the Care Home Protection Group membership and the types

of COVID-19 tests being used within the Borough's care homes be provided after this meeting.

ASH 43/20 **Scrutiny Review of Hospital Discharge (Phase 2)**

Evidence-gathering for phase 2 of this review (discharge to an individual's own home) resumed at this Committee meeting, with contributions from representatives of Healthwatch Stockton-on-Tees, the SBC Carers Service, and Eastern Ravens.

Healthwatch Stockton-on-Tees

In October 2020, Healthwatch England, in association with the British Red Cross, published a report on the experiences of people being discharged from hospital during the COVID-19 pandemic. At a local level, Healthwatch Stockton-on-Tees had undertaken their own survey aimed at individuals and their carers, and provided the following feedback on this (and whether the findings were in line with the experiences of people nationally):

- The national Healthwatch England / British Red Cross survey published in October 2020 received comments from 590 people. The local Healthwatch Stockton-on-Tees survey received 15 responses.
- 60% of patients did not receive information about the new discharge procedure ('discharge to assess' model) (nationally it was 61%).
- 12% of patients did not feel that they were ready to leave hospital (nationally it was 19%).
- 60% of patients said they were not asked if they required transport on discharge (nationally the figure was 64% of people who were discharged at night).
- 80% of patients said that there was no follow-up assessment following discharge. There seemed to be confusion over which patients require such an assessment, but the guidance would suggest everyone should receive some sort of follow-up assessment (nationally it was 82%).
- 40% of patients said they were not given details of who they should contact if they needed further health information or support (nationally it was 34%).

Healthwatch Stockton-on-Tees noted that, whilst the local survey did not get many responses (possibly due to the fact that the national survey came first, something which the local team promoted), it did show that the Borough was broadly in line with the position nationally. A report on the local survey is being compiled and should be available by the end of 2020, and future work around carers and their experiences of living through COVID-19 is being considered (Members were encouraged to ask carers to get in touch with Healthwatch Stockton-on-Tees if they wished to contribute).

SBC Carers Service

The Committee was presented with information by the Manager of the Council's Carers Service regarding the support it provides around discharge from hospital, as well as the experiences of carers when the person they care for is admitted / discharged, and when they themselves are admitted / discharged. The following key elements were highlighted:

- Service Demand: There are currently around 1,600 carers (aged 18+) on the service's register, though this number can change daily.
- Time Out Support: Up to eight hours per month free support for the carer to have a break from their caring role (though no domiciliary care provided as the service is not CQC-registered).
- Carers Emergency (ID) Card: Initiate a conversation with the carer about emergency plans which the service can get involved with if necessary. Around 600-700 cards have been issued within the Borough.
- Partnership-Working: If no care package is in place, the service links people to other organisations (e.g. Five Lamps, MIND, Alliance) – whatever a carer may need in relation to longer-term support.
- Support with Hospital Discharge: The service has trialled having a staff member (Carers Advisor) based within hospital (which will be looked at again for the future), and carers have previously highlighted the good support provided by hospitals, social care and other agencies around discharge. Carers understandably endure a lot of stress about the next steps after discharge, and the service has worked with volunteers within the hospital to better identify anyone who is a carer.

Members commended the service on the welfare calls it provides (noting how well these had been received by carers they knew) and queried how much notice a carer had to give for them to receive ad-hoc support. The service tries to get people to book support (if required) at the start of each month but does respond outside this time (depending on the circumstances). In terms of planning and resourcing, the more notice the better.

Reflecting on the current pandemic, the Committee asked if the service had considered other ways of identifying / contacting carers, particularly as access to hospitals has become more restricted. Existing communication mechanisms were noted, including use of social media (though responses via this medium are not very high), an online peer support group and a paper newsletter circulated to around 300 organisation for sharing (mindful of those who may be digitally excluded). In future, and subject to capacity, the service would like to focus more on welfare checks.

The Committee asked if the service had been able to maintain the Time Out support during the pandemic. Members were informed that this had to be suspended during lockdown – however, staff capacity was used to conduct welfare checks whilst the support was unavailable.

Eastern Ravens

The Trust Manager of Eastern Ravens was in attendance to provide feedback from young carers and their families on their experiences of hospital discharge. This was prefaced by a brief overview of the organisation, highlights of which included:

- Formed in 1961, services are provided under contract from SBC and include initiatives within Butterwick Hospice, Roseworth community, Tilery Primary School, youth work and, for the purposes of this scrutiny review, a Young Carers Support Service.
- Established in 2000, the Young Carers element currently supports 188 people (and their family members who require care) through a bespoke service that is based on an individual's needs.
- Carers are offered a Young Carers Card which prevents them from having to explain themselves several times and supports their emotional health and wellbeing – the service also undertakes wellness planning with young carers to ensure they take time to care for themselves. It was noted that young carers provide a raft of different types of support (not just physical) but can miss out on their own childhood and social outlets.
- Awareness of the service has been raised via a number of local schools and is well linked-in with other carers services.

Ahead of this meeting, the Trust issued an anonymous online and paper questionnaire (promoted via email to parents / carers and through their bespoke text service) seeking responses to a range of questions around their experiences of hospital discharge. Targeted at age 8 and over, there were 32 respondents which produced the following:

- Were you given information that could support your family?
(Yes 27%; No 73%)

o Information provided included Physiotherapy, extra support, Woodlands Medical Centre, Diabetic Team, and aftercare.

- Did the hospital get in touch with you or a member of your family?
(Yes 44%; No 56%)

o For those who were contacted, replies included 'through the phone and yes it was helpful', 'knowing what was going on with my mam's condition and reason why we went to the hospital', and 'my Nanna spoke to doctors in the hospital'.

- Did any other services help and support your family?

o The majority said no – a few examples provided was Dietician, GP and Diabetic Nurse.

- Were you given the opportunity to provide your views on your discharge experience?

(Yes 0%; No 100%)

- Has the coronavirus had an impact on yours or your family members discharge from hospital? Did things go ok? Were you left without any support or services because of the virus?

o 'I think my stepfather got discharged early and they didn't let him know where he could get help.'

o 'My brother and I had to move in with our Dad so we didn't risk exposing our Mum to catching COVID-19. But her PA was able to help her out a bit.'

o 'My mam was discharged from hospital without more investigations which she had to have, these [were] done a day after [being] discharged and a week after being discharged, then to find out she now has to go back in to have another operation. If she was kept in and had these investigations done whilst she was there, then she may have had the operation done. She has had one major operation cancelled by the coronavirus.'

It was unknown whether hospital discharge documents ask questions around families / homes, and also whether young people would even tell hospitals that they were a carer due to some remaining stigma around such a status.

Members commended the work of Eastern Ravens in supporting young carers across the Borough, and questioned whether, for those who were contacted by the hospital, health professionals spoke to the young carer themselves or their older relative. It was confirmed that, as is often the case, professionals generally liaised with adult relatives (unless the young person was the primary carer), and that it is uncertain how hospitals communicate discharge processes to younger family members who may also be involved in the care of an older relation.

Comments were made around the need to continue raising the profile of young carers, with suggestions put forward around a potential Time Out support service (akin to what is available through the SBC Carers Service) and the introduction of some form of Carers Champions for hospital discharge.

AGREED that the information be noted.

**ASH
44/20**

Care Quality Commission (CQC) - State of Care Annual Report 2019-2020

The Committee considered the latest Care Quality Commission (CQC) State of Care Annual Report for 2019-2020 (full report and summary report was provided in advance) and was provided with a presentation detailing the following:

- Our purpose
- Our current model of regulation
- COVID-19 and our regulatory approach
- Infection Prevention and Control (IPC) inspections

- Transitional Regulatory Approach (TRA)
- Tees Valley Team
- Working with Local Authority
- Active locations and ratings – Stockton-on-Tees
- Local comparisons

The main issues highlighted and discussed were as follows:

- The use of the word ‘current’ in terms of the model of regulation was emphasised, as the CQC is continuing to evolve its method of delivering its purpose in light of the ongoing COVID-19 pandemic. However, the fundamental purpose remains to ensure people receive good and safe care.
- With reference to the CQCs regulatory approach since the emergence of COVID-19, it was noted that there have been differing opinions on the stance taken around the inspection programme, as some felt that the CQC was the only entity that was able to go into a providers’ establishment during this time. The Emergency Support Framework (ESF) – a telephone-based assessment – has enabled conversations with Registered Managers around support and signposting (particularly in relation to personal protective equipment (PPE)). However, if a concern / risk was identified during a call, the CQC reserved the right to take this further.
- Some local providers had been involved in the IPC thematic reviews, and the CQC had requested to be involved in the ‘designated settings’ concept to allow for an assessment on the degree to which a provider could separate cases of COVID-19 from the rest of its service.
- For any work during the pandemic, the CQC had tried to minimise the time onsite, requesting appropriate information prior to arrival. Again, however, should any concerns be identified, a fuller inspection could be initiated.
- Regarding the recent onset of the ‘second wave’ of COVID-19 infections, the CQC had started to look at ‘outbreak’ settings (those with confirmed cases above 30% of the resident capacity). Alongside this and all other existing work, thematic review projects are still being undertaken.
- Attention was drawn to the information provided on IPC inspections, which had been introduced to assess services’ IPC policies (as contingency plans may not have been updated in light of the pandemic). The CQC had to determine the most effective way to facilitate any necessary change – often this was just a discussion with a Registered Manager, but enforcement action had also been issued to some providers.
- Noting the data around deaths of people in care homes (by ratings), the evidence suggested that it was not a simplistic case of those care homes with a lower CQC rating having a higher rate of deaths within their setting. There were (and continue to be) a number of factors that contribute to residents passing away with COVID-19, including underlying health issues.
- The Transitional Regulatory Approach (TRA) recognises the need to get out

to services more and scrutinise activity.

- In terms of the local Tees Valley Team, the number of inspectors had been increased from six to seven. The Committee was informed that comments made during consideration of last year's Annual Report around the suggested inclusion of Hartlepool to the area the team covers had been fed back to management, but there were no plans to change the current team boundary. Members were assured that there are no barriers to communications within the CQC, and that each team operates on a 'hub' basis with neighbouring teams (not in isolation).
- From a Borough-wide perspective, a summary of the active locations and ratings for Stockton-on-Tees (and how these compared to other Tees Valley areas) was included, though it was noted that the information was quite dated as the usual national data was out of equilibrium as a consequence of the pandemic. Reassuringly, there were currently no inadequate services across the Borough.

The Committee thanked the CQC representative for the presentation, and asked if details on the number of providers within Stockton-on-Tees who had experienced a thematic review could be forwarded after this meeting, as well as the publication date for the report on the Borough's 'designated setting'. Members were assured that all local services had received an ESF call during the pandemic.

Clarity was sought on the length of time an actual CQC visit to a provider was taking in light of the current COVID-19 environment. In response, Members were informed that most visits have taken one-to-two hours, commensurate with pre-visit risk assessments. Ultimately, CQC staff are trying to do the best they can within the existing regulatory model, albeit with its limitations.

Members looked forward to developments around the Transitional Regulatory Approach (TRA) as it was crucial to keep eyes and ears on what is happening across the Borough. Continuing to prioritise the infection prevention and control agenda was a must in these COVID-19 times.

Reflecting on the 'second wave' of COVID-19 cases and the apparent increase of infections within care homes, the Committee queried if this was in part due to people becoming blasé about the threat of catching / transmitting the virus. From a CQC perspective, it was hard to ascertain a particular reason, and often people are / have been asymptomatic, therefore are unaware they are infected until being tested. In terms of the care homes themselves, staff have become confident about using PPE, but it can be difficult to trace how the virus came into a setting.

AGREED that:

1. the information be noted;
2. the CQC provide the requested information on thematic review participation and the designated settings publication report at the earliest opportunity

following this meeting.

**ASH
45/20** **Work Programme 2020-2021**

Consideration was given to the Committee's current Work Programme. The next meeting was scheduled for the 12th January 2021 and would include consideration of the Teeswide Safeguarding Adults Board (TSAB) Annual Report for 2019-2020.

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

**ASH
46/20** **Chair's Update**

The Chair thanked Members for their contributions over the past year and wished everyone a happy Christmas.