

Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 20th April, 2021.

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

Officers: Ann Workman, Sarah Bowman-Abouna, Emma Champley, Stephen Donaghy, Gavin Swankie (A&H); Gareth Aungiers (Xentrall); John Devine, Rachel Harrison, 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 Steve Nelson (Cabinet Member for Access, Communities and Community Safety); Louise Johnson, Jill Foreman, Matt Wynne, Victoria Cardona, Paul Wharton (North Tees and Hartlepool NHS Foundation Trust)

Apologies: Cllr Mohammed Javed

ASH 68/20

Declarations of Interest

In attendance at this meeting, Councillor Jim Beall declared two personal, non-prejudicial interests in relation to the Scrutiny Review of Hospital Discharge (Phase 2) item as he was currently Stockton-on-Tees Borough Council's nominated representative to North Tees and Hartlepool NHS Foundation Trust's Council of Governors, as well as the Chair of the Health and Wellbeing Board (which has oversight of the Better Care Fund Plan).

ASH 69/20

Minutes of the meeting held on 16 March 2021

Consideration was given to the minutes from the Committee meeting held on the 16th March 2021.

AGREED that the minutes of the meeting on the 16th March 2021 be approved as a correct record and signed by the Chair.

ASH 70/20

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 Hospital Discharge (Phase 1). This was the first progress update following the Committee's agreement of the Action Plan in December 2020 and key developments were noted as follows:

- 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): Multiple communication mechanisms outlined including Stockton Locality meetings, Care Home Protection Group (CHPG) meetings, Phase 3 Discharge Group meetings, liaison between local NHS Trusts, the Clinical Commissioning Group and Stockton-on-Tees Borough Council (SBC), and Care Home Provider events. Call frequency to care homes from the SBC Quality Assurance and Compliance Team also noted.
- Recommendation 3 (The recently issued 'designated settings' guidance (for discharge of positive COVID-19 cases from hospital to CQC-approved care home accommodation) be fully implemented): Prior to the 'designated settings'

guidance, Rosedale opened a unit to take COVID-positive people which commenced on the 30th March 2020 – as such, once the guidance was published later in the year, the Council was already in a place to continue this offer which had been nationally endorsed.

- 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): 100% of care homes offered support and advice in implementing 'whole home testing' as part of national guidance (this included non-contracted care home providers) – targeted support offered to any care homes experiencing difficulty in implementing the whole home testing. Reported delays for care home outbreak testing results being returned to care home providers in December 2020 / January 2021 were resolved within the CHPG – local process agreed and supported by the Infection Prevention and Control team from North Tees and Hartlepool NHS Foundation Trust (NTHFT) to provide results to care providers within 24 hours of results being processed.
- Recommendation 7 (The latest guidance from the UK Government, in conjunction with recognised best practice, is fully understood and acted upon by key partners, and is considered during the regular dialogue that takes place between health and social care services): Guidance shared and discussed at Stockton Locality meetings, and a weekly newsletter to care home providers commenced in August 2020 providing resources, guidance updates, best practice and shared learning across care providers. 673 COVID-19 'guidance' or 'regulation' documents had been released since February 2020, and these had been adhered to and implemented within set deadlines via a multi-agency agreement on strategic direction and operational rollout to minimise risk and support people / professionals during the transition into new or updated guidance. Funding processes / decisions had not impacted on any hospital-to-care home discharges.

The Committee welcomed the progress made since the end of 2020, in particular the strengthened communication arrangements between SBC and NTHFT and the benefits of the CHPG meetings which began after the first national lockdown was eased. Care home providers had had a very scary time since the emergence of COVID-19 and the CHPG was essential in facilitating support for local settings, including the interpretation and assistance with the numerous guidance documents issued.

With reference to the calls made to care homes (recommendation 1), Members praised the incredible volume of work undertaken and asked for clarity around which providers this involved. It was confirmed that all the Borough's care homes and home care providers (contracted and non-contracted) were contacted, though the numbers listed in the progress update report only referred to care homes. The weekly schedule of calls to care homes by the Council's Quality Assurance and Compliance Team had now stopped as the Team has resumed its normal role around quality assurance – however, providers know they can contact the Council at any time if required.

The NTHFT representatives present at this meeting gave a brief update around the Trust's continuing response to issues raised by care homes through the survey undertaken as part of this review (recommendation 2). The Whzan app (early-warning health-detection system) was now firmly embedded in care

homes, and the Enhanced Health in Care Homes (EHCH) model, involving virtual meetings, had fostered increased communication with local providers. These remained developing areas of work (at a system, rather than just Trust, level) as the Borough's care homes were at differing places in terms of technological capacity / capabilities and general virtual contact / engagement.

Issues around access to Rosedale were raised (recommendation 3) and assurance was given that, despite a previous COVID-19 outbreak, people were still able to access the setting during this time. Regarding the testing of care home staff (recommendation 6), the Committee queried if this was still happening on a weekly basis – current practices were subsequently confirmed involving a weekly PCR test as well as daily lateral-flow testing. It was also stated that assurance on the testing of staff was regularly sought and provided by care homes.

The Committee was keen to learn if the Council's established Well-Led Programme had assisted in efforts to support care home providers, and was informed that this had indeed helped as crucial relationships had already been forged prior to the emergence of COVID-19. Further details around how the Programme had aided the response to the pandemic would be outlined as part of the forthcoming review of Multi-Agency Support to Care Homes during the COVID-19 Pandemic (Task and Finish), and Members also heard that a presentation on the merits of the Programme was due to be given at an approaching national event, another opportunity to showcase its benefits in both the pre-COVID and current climate.

Further to data provided at, and following, previous Committee meetings, Members requested updates on the numbers of care home staff who had received a vaccination. It was noted that such an update would be included in the evidence being gathered for the first Task and Finish Group session in relation to the Committee's imminent review of Multi-Agency Support to Care Homes during the COVID-19 Pandemic.

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

**ASH
71/20**

Scrutiny Review of Hospital Discharge (Phase 2)

The Committee concluded its evidence-gathering for the second phase of this review (discharge to an individual's own home) by considering a presentation from North Tees and Hartlepool NHS Foundation Trust (NTHFT). This was an updated submission following their original presentation to the Committee in February 2020, and led by the Trust's Head of Specialist Services (Integration & Partnerships), Senior Operational Manager, and Volunteer Services Manager, key information was outlined as follows:

- Discharge policy and how this has developed: Impact of the emergence of COVID-19 and the subsequent national guidance around discharges, including the acceleration of the Discharge to Assess (D2A) model to create capacity. Home First campaign to promote discharge to usual place of residence where it is safe to do so. Important to also recognise the work being done to keep people from being admitted to hospital in the first place (e.g. support available within community settings).

- Discharge pathways: National guidance and local pathways defined – discussion held with relevant Local Authority for anyone on any of the pathways (via the Integrated Single Point of Access (ISPA)).
- Communication arrangements (in-house and with SBC Adult Social Care): Integrated Discharge Team at NTHFT since 2017, including professionals from across Health and Social Care and the voluntary, community and social enterprise (VCSE) sector. Virtual working (daily meetings) during the pandemic and twice-weekly complex case discussion with senior leaders from NTHFT and SBC. Trust had also invested in Frailty Co-ordinators and Pathway Facilitators to aid discharge planning. Virtual multi-disciplinary meetings introduced – these had reduced the time taken to co-ordinate hospital visits.
- Discharge Patient Tracking Lists (DPTL): Example of a working document.
- 2020-2021 discharge data (for Stockton-on-Tees residents only): Total discharges by time of day (per quarter), and timing of discharges for patients on the elective pathway (mostly early-afternoon) and on the emergency pathway (mostly late-afternoon as these individuals tend to be admitted later in the day).
- Delayed Transfers of Care (DTOC): Reporting stood down in March 2020 and replaced with daily discharge sitreps. Performing very well in this area within the Borough, though work is ongoing with partners to identify and understand current and emerging pressures.
- Pathway analysis (not just Stockton-on-Tees data): Snapshot provided from January 2021 for the discharge of patients aged over 65 in the previous seven days – vast majority are on pathway 0 (discharge to usual place of residence). This analysis enables the Trust to balance resources in the right places to support the different pathways.
- Patient involvement in their discharge and family / carer communications: Discharge planning starts on admission to hospital – a key part of the core assessment. Ward-based multi-disciplinary teams liaise with families and carers to gather detailed social history. Virtual visiting included the donation of iPads to keep patients and relatives / carers in touch.
- Information given prior to discharge: New leaflets distributed in March 2020 in response to the pandemic and the changes made to the guidance – includes contact details for the hospital and the Health and Social Care teams in the ISPA. QR codes are being examined (trial in the Emergency Department) to streamline information and ensure it is up-to-date.
- Discharge locations and identification of carers: In the last year, nearly all patients have been discharged directly from the clinical area as COVID-19 placed restrictions on the transfer of patients between hospital locations, including the use of the transport lounge. Communication with families and carers takes place upon admission as part of the core assessment process.
- Communication with GPs following patient discharge: Trust performance-

manages itself regarding the timeliness of electronic patient summaries to GPs following the discharge of a patient. Care Co-ordinators based in primary care with an active role in social prescribing, and quality improvement projects with GP Frailty Trainees have been held to foster cross-learning.

- Medication considerations: Pharmacy Technicians operate across a number of hospital wards, and, like discharge planning, understanding a patients' medication needs starts on admission. A minimum of seven days medication (or an appropriate course length) is supplied upon discharge from hospital.
- Feedback received on discharge experiences: Feedback gathered from compliments, complaints, patient stories, local and national surveys, and the national Friends and Family feedback service. Monthly Transfer of Care Group (with representation from all organisations, including SBC and a Community Governor who brings the patient's voice) is very informative.
- Role of the Volunteer Service: Home But Not Alone service detailed involving help with morning discharges, supported transport home (via Volunteer Drivers), and checking if heating is on (if required), the TV works and food is in the property (involve local food banks if necessary) – up to 28 days of neighbourly support and transport to outpatient appointments is also offered, and the service would also look to involve wider VCSE organisations where appropriate. Had to suspend the service due to COVID-19 but will be resuming it from the 1st June 2021.
- Assistance with transport and raising of any issues when patients returned home: Patients use their own transport where possible, though other options exist (i.e. Volunteer Drivers, ambulance provider). Pilot project within Therapy Services to provide wheelchair-accessible transport with multi-disciplinary assessment within patient's own home. Concerns raised via the Site Management Team in and out-of-hours who can then seek advice and support from the multi-disciplinary team and the IPSA.
- Use of Better Care Fund to facilitate discharge: Ongoing work with partners to optimise the use of this Fund to support discharge, of which the 24/7 clinical triage (providing direct access to a wealth of information for patients who may require care and support outside of normal hours) is a primary example. Also used to allow Community Matron support in Rosedale and will explore future opportunities to work together with VCSE organisations. Processes reviewed annually to ensure money is being well spent.

The Committee thanked NTHFT for its second detailed information-submission for this review and commended its efforts around discharge, in particular the work of the Trust's Volunteer Service. In response to a query on published contact numbers within the Government / NHS 'Your hospital discharge: going home' leaflet (provided within the presentation), Members were informed of the agreement to include the local ISPA numbers on this document.

Welcoming the Home First initiative and the continuation of the John's Campaign, the Committee emphasised the need for support to be available for those who are not known to Social Care (for those who require it) as there were a number of lonely people across the Borough (many as a result of COVID-19)

who would benefit from already-established support mechanisms.

Members queried if there had been any issues around families / carers accessing virtual multi-disciplinary meetings. The Trust advised that such meetings had to be re-invented due to the pandemic, and that despite individuals having varying technical expertise, its staff talked them through joining discussions online or via the phone (or indeed physically now lockdown measures are easing).

At the previous Committee meeting, Members received information from South Tees Hospitals NHS Foundation Trust who had five discharge pathways including end-of-life, something which had not been evidenced by NTHFT at this meeting. NTHFT gave assurance that its District Nurses work in hospitals and will meet end-of-life individuals with the aim of getting them home – this particular pathway works very well.

A query was raised around how homeless people were managed when requiring discharge following a stay in hospital. The Trust stated that it works closely with partners to gather information on the needs of such individuals, though very few patients going through hospital are homeless.

In terms of the pilot project within Therapy Services to provide wheelchair-accessible transport with multi-disciplinary assessment within patients' own homes, Members asked if the assessment of an individual's home is conducted prior to discharge. NTHFT advised that relevant staff take the patient on a pre-discharge visit to check the person's cognitive abilities whilst in their own home, as well as assess their needs within the property. On occasion, the patient has not required to go back to hospital following a visit.

Responding to a question on post-discharge medication issues, the Committee was informed that a former patient could access medication-related information over the phone when calling the hospital ward they were previously on.

AGREED that the information provided by North Tees and Hartlepool NHS Foundation Trust be noted.

**ASH
72/20**

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 a further overview report from the Adults and Health directorate. This version contained both Public Health and Environmental Health elements (the Adult Social Care aspect was considered by the Committee in February 2021).

Introduced by Stockton-on-Tees Borough Council's (SBC) Director of Adults and Health, the report was presented to the Committee by the SBC Director of Public Health and the SBC Environmental Health Service Manager. Content included:

Public Health

- Overview: Team has been responsible for understanding the COVID-19

picture, seeking to prevent the spread of the virus and respond to any outbreaks, and developing / leading on the implementation of the COVID Control Plan for the Borough. Have benefitted from strong partnerships with Public Health England, local NHS organisations, other Council's across the region and numerous SBC departments to deliver this. Unrelenting pace of work involving flexible approaches, staff going above and beyond their usual roles, and a lot of reflection on what has or has not worked.

- COVID Management Work: Key areas have included providing leadership for the Council's COVID planning and response, advising Members and Senior Officers, direct work with a wide range of organisations such as schools, care homes, businesses and community groups, and analysing local intelligence. Interpreting guidance, giving advice, developing plans and conducting prevention visits have been core tasks, along with the development of a COVID Response Service and successful Test and Trace contacting. The Community Champions network continues to develop.
- Non-COVID Public Health Work: Team has continued to provide other services (adapted due to COVID-19) including its 0-19, substance misuse, bereavement, and sexual health offers, as well as continuing work on domestic abuse, mental health, smoking and alcohol consumption.
- Future: Moving increasingly towards managing COVID-specific work alongside the programme of core Public Health activities – continually reviewing priorities and the Team's capacity to enable this. Keen to develop work regarding inequalities (a key part of the COVID Control Plan).

Reflecting on the report, the Deputy Leader of the Council and Cabinet Member for Health, Leisure and Culture commented that, in the past, the Public Health function could be somewhat hidden – however, the pandemic had brought it into the spotlight, and the service had been at the vanguard of the Council's COVID-19 response. Tributes were paid to all staff across the Council who had supported the efforts of the Public Health Team, whose reputation had certainly been enhanced both within the Council itself and also more widely, particularly within schools (a number of whom had since commended the Team on the guidance / assistance they had received). Continuing to deal with non-COVID issues during the last year is further testament to the dedication of the staff involved. Strengthened links with the wider community since the pandemic emerged was also something which could be built-on in the future.

The Committee asked if the Team had encountered any issues (e.g. hostility / refusing to isolate) when contacting residents who were COVID-positive as part of local Test and Trace work. Members were informed that calls had, for the most part, been positively received – reasons for this may have included the fact that people were contacted using a local number and that the Team have knowledge of local systems and support mechanisms that can help individuals during their COVID-positive status. The ongoing challenges of getting people to adhere to guidance on getting tested and isolating was acknowledged, but this was very much a national issue rather than just a Borough-wide one.

Environmental Health

- Service Roles and Responsibilities, Budget and Key Functions: Principal

role is to protect the health and wellbeing of the public, alongside raising awareness of the service, understanding and reacting to local business needs, maximise income generation (which had been affected by COVID-19), and act as a regulator (whilst working to reduce the need for enforcement). Key functions include Food Safety, Occupational Health and Safety, Infectious Disease Control, Public Health Promotion, Environmental Protection, and Public Nuisance Investigation.

- **Challenges and Opportunities:** Main challenge has been to ensure the continuation of as many services as possible during the pandemic, a very high proportion of which have remained operational due to changes in their modes of delivery to accommodate safe working. Additional and new responsibilities have also been met such as COVID-compliance with guidance / advice (including complaint-handling), the Care Home Protection Group, Public Health Test and Trace, and a Compliance and Enforcement Workstream. Roles within the service have been adapted to achieve this.
- **Priorities for the Year Ahead:** The challenge and opportunity going forward will be to assess the service and understand lessons learned during the difficult 2020-2021 period, and how new ways of working can be adopted more permanently while ensuring a high service delivery and ensuring staff remain protected and safe while undertaking their duties. In addition to this, the easing of the pandemic will, in due course, allow for the income generation to recover and flourish.

The Cabinet Member for Access, Communities and Community Safety commended the work of the Environmental Health service and its staff during an incredibly challenging year, and felt that the most successful achievements within this, and the overall Public Health, domain could be seen in those areas where the Government had passed down responsibility to local Councils. It was noted that a further report on the Council's COVID-response would be considered by Cabinet in the near future.

Members were pleased to hear that a key role of the service was to protect the public's health and wellbeing, and that this was held up as being as, if not more, important than the regulatory role it also had.

The Committee expressed thanks for the information provided at this meeting and, even more significantly, the extremely important work undertaken by both the Public Health and Environmental Health services over the last year – areas which have touched on so many aspects of life during the ongoing pandemic.

AGREED that the information be noted.

ASH 73/20 **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:** Two Tees, Esk and Wear

Valleys (TEWV) NHS Foundation Trust presentations (Community Mental Health Framework and Quality Accounts 2020-2021) given at the last Committee meeting in March 2021 were included within these meeting papers for information. Middlesbrough Borough Council had now assumed the chairing and supporting of this Committee for 2021-2022.

- Sustainability and Transformation Plan Joint Health Scrutiny Committee: Still awaiting confirmation of the next Committee meeting which could not be arranged prior to the purdah period ahead of the 2021 elections. Links to the Government's Health and Care Bill White Paper, and the initial responses on its contents from both the Local Government Association (LGA) and the Centre for Governance and Scrutiny (CfGS), were included for information.

AGREED that the Regional Health Scrutiny Update report be noted.

**ASH
74/20** **Minutes of the Health and Wellbeing Board**

Consideration was given to the minutes of the Health and Wellbeing Board from the meetings in January and February 2021.

AGREED that the minutes of the Health and Wellbeing Board from the meetings in January and February 2021 be noted.

**ASH
75/20** **Scrutiny Review of Multi-Agency Support to Care Homes during the COVID-19 Pandemic (Task & Finish)**

Consideration was given to the draft scope and project plan of the Scrutiny Review of Multi-Agency Support to Care Homes during the COVID-19 Pandemic (Task & Finish). Attention was drawn to the proposed main aims for the review:

- Consider and understand the interplay between the local health and care sector since the emergence of COVID-19.
- Analyse relevant data and intelligence in relation to local care providers as part of assessing the impact of support provided by key stakeholders.
- Determine if any improvements can be made to current policies / practice.

As referenced within the scope, Members were reminded that care would be needed to ensure that this review does not duplicate previously-completed reports (most notably the recent Hospital Discharge (Phase 1) review), and does not make duplicate requests of relevant stakeholders for evidence they may have already given (which will be used for this piece of work where appropriate).

It was noted that although this work would be undertaken as a Task and Finish review (outside formal Committee meetings), the full Committee would be involved due to the significance of the topic. Members supported this proposal, though some frustration was aired around the delays in getting this work initiated. Details of the first Task and Finish Group meeting (to be held in May 2021) would be confirmed as soon as possible.

AGREED that the draft scope and project plan for the review of Multi-Agency

Support to Care Homes during the COVID-19 Pandemic (Task & Finish) be approved.

**ASH
76/20** **Work Programme 2021-2022**

Consideration was given to the Committee's current Work Programme. The next meeting was scheduled for Tuesday 18th May 2021 and will likely involve a formal element followed by an informal session to consider the summary of evidence in relation to the Scrutiny Review of Hospital Discharge (Phase 2) and then formulate draft recommendations – confirmation of plans for the May 2021 meeting will be circulated to Committee Members in due course.

AGREED that the Adult Social Care and Health Select Committee Work Programme for 2021-2022 be noted.

**ASH
77/20** **Chair's Update**

The Chair had nothing further to report.