

Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 15th February, 2022.

Present: Cllr Clare Gamble (Chair), Cllr Luke Frost, Cllr Ray Godwin, Cllr Lynn Hall, Cllr Mohammed Javed, Cllr Eileen Johnson (sub for Cllr Evaline Cunningham, Cllr Steve Matthews, Cllr Paul Weston)

Officers: Ann Workman, Sarah Bowman-Abouna, Emma Champley, Stephen Donaghy (A&H); Julie Butcher (HR,L&C); John Devine, Michael Henderson, Gary Woods (MD)

Also in attendance: Debbie Jones, Allana Massingham (Butterwick Limited); Alex Sinclair (NHS Tees Valley Clinical Commissioning Group); Brent Kilmurray, Paul Murphy, Elspeth Devanney (Tees, Esk & Wear Valleys NHS Foundation Trust); 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); Colin Wilkinson (Healthwatch Stockton-on-Tees)

Apologies: Cllr Evaline Cunningham, Cllr Jacky Bright

ASH 61/21 Evacuation Procedure

The evacuation procedure was noted.

ASH 62/21 Declarations of Interest

There were no interests declared.

With reference to item 6 (Tees, Esk & Wear Valleys NHS Foundation Trust - Response to recent CQC inspection), Councillor Ray Godwin stated that, due to his past employment with TEWV, he would be taking part in the questioning session but would leave the meeting room ahead of any subsequent Committee discussion and vote regarding the recent Council motion concerning TEWV.

ASH 63/21 Minutes of the meeting held on 18 January 2022

Consideration was given to the minutes from the Committee meeting held on the 18th January 2022.

AGREED that the minutes of the meeting on the 18th January 2022 be approved as a correct record and signed by the Chair.

ASH 64/21 Butterwick Limited - Response to previous CQC inspections

Representatives of Butterwick Limited were present to address the Committee following longstanding concerns raised by the Care Quality Commission (CQC) at both Butterwick Hospice Stockton (adults) and Butterwick House (children / young people). These published findings, dating back to March 2020, had previously been considered by the Committee as part of its quarterly CQC inspection report monitoring and had prompted the inclusion of this agenda item.

Referencing the timeline and Action Plans supplied in advance of the meeting (and included within the meeting papers), the Chief Executive and the Director of Care for Butterwick Hospice Care highlighted the following:

- The Hospice remains in a very difficult position at present. The current Chief Executive inherited a very challenging situation following the negative publicity surrounding the previous Chief Executive, and subsequent departures of several senior clinical staff had exacerbated the problems.
- The published 'Inadequate' rating in March 2020 followed an initial impression from the CQC that this would in fact be 'Requires Improvement'.
- Previously identified cashflow issues were then compounded by the emergence of COVID-19 which adversely impacted funding routes (retail outlets were forced to close; fundraising events had to be cancelled).
- CQC findings had mostly centred on systems and process issues.
- The biggest impact had been on the adult inpatient unit. Lower patient numbers had meant nurses were not caring for enough individuals and had sought work elsewhere to maintain their skill levels.
- Hospice provision is spread over three different units across two separate sites – this stretches the management structure. Have looked at governance arrangements to ensure a more cohesive approach.
- Staff recruitment is difficult, with people reluctant to leave an NHS role to join a charity.
- The Action Plans devised in response to the CQCs findings were detailed, but the challenge has always been having enough personnel to sufficiently advance these intentions. End-of-life care for adults had since been isolated as a separate issue to progress.
- The Tees Valley Clinical Commissioning Group (TVCCG) had been very supportive, and further assistance had been provided by North Tees and Hartlepool NHS Foundation Trust (NTHFT) (around project management) and Healthwatch Stockton-on-Tees (regarding engagement).
- There were encouraging signs, with the Children's Team doing well and, despite ongoing COVID challenges, eight referrals this week for the much-valued day service (which was looking to establish 'safe' small-group sessions). In addition, last week's unannounced CQC inspection had identified significant improvements which were relayed as part of their initial high-level response. There remains a need to engage with key stakeholders around future developments to ensure the service is right for those who need it (not solely what management / staff think it should be).

The Committee began discussions by asking how the organisation was overcoming the reputational damage caused by the events surrounding the dismissal of the previous Chief Executive in May 2017. In response, the current Chief Executive assured Members that, whilst others may not have, the Hospice had moved-on from the past and emphasised the need to look forward and portray itself in the best possible light. That said, some people were still unwilling to give to the charity because of the historical activity of one individual, and COVID had further limited fundraising streams.

Members reiterated previously raised concerns around hospices not being linked to local NHS Trusts, and the Butterwick representatives acknowledged that previous models of working could be interpreted as quite insular. However, the organisation was open to linking-in with other providers (and had already reached-out to other hospices such as St Cuthbert's in Durham), as well as focusing on in-house developments.

In response to a question around the progress of appointments of senior staff for the children / young people service, it was noted that a Clinical Lead had now been recruited. Positive feedback had been received in relation to this provision following the very recent unannounced CQC inspection, and it was hoped that the current intake capacity could be increased shortly.

Reflecting on the significant recruitment and retention challenges reportedly being faced by health and care sector organisations, the Committee suggested that the forthcoming Integrated Care System (ICS) implementation may offer an opportunity to look at hospice provision across the whole of the North East, including end-of-life services at home as well as within a hospice setting. Butterwick had an excellent reputation in the past, though it was recognised that the original model may not be as applicable nowadays.

Developing the theme around the assessment of regional end-of-life services, the TVCCGs Exemplar Project was outlined as part of a review of palliative / end-of-life provision in the Tees Valley. Starting in 2019, a number of workshops had been held (with more to take place), and information would be collated and presented to the TVCCG executive in mid-2022 with a view to agreeing a vision for future services.

Members returned to the role and responsibility of the Chief Executive in improving the Butterwick image following the revelations of the previous incumbent. The Committee heard that a lot of networking events and publicity was undertaken to promote the organisation in a more positive light (without referencing the past situation), though this was very much business-as-usual, as being a charity relied on sufficient income which can only be supported by the positive promotion of its activities. In addition, a new marketing / communications officer had recently been appointed, and the Hospice worked closely with a media company to get good news stories out to the public via various mediums (including social media).

Leadership issues raised by the CQC in both their recent and past inspection reports were highlighted, and the Chief Executive accepted responsibility for many of the concerns found. However, it was also stressed that several key staff had left the organisation (two-thirds of the intended team had been missing at one stage), and that without appropriate clinical leadership, it was very difficult to drive forward clinical development and demonstrate a 'well-led' culture. Assurance was given that staffing numbers were now up to capacity and that skills audits had been undertaken.

Echoing the frustrations of many, the Committee was saddened to see one individual's past actions causing so much damage. However, it was queried whether it was acceptable for concerns regarding the organisation to still be evident more than four years after the previous Chief Executive was dismissed.

The Butterwick representatives acknowledged that the current situation was not good enough and highlighted the initial focus on the organisational culture and its finances. Although progress had been slow, they were faced with a simple decision of either throwing-in the towel or trying to improve despite the stated staffing and COVID-related challenges.

Following-up on staffing developments since the late-2019 inspection, the Committee probed the reasons for senior staff within the adult provision leaving. Members heard that the previous Director of Care felt the poor report was their responsibility, and that, in terms of subsequent recruitment, a trio of elements comprising the tarnished Butterwick reputation, the published CQC findings and the emergence of COVID-19 (leading to a significant NHS recruitment drive) all contributed to existing staff reassessing their positions.

With reference to Butterwick's charitable status, it was questioned if the provision of end-of-life care should be left to charities and, if so, whether statutory funding should be available. Butterwick representatives reported that a third of the Hospice's income was statutory funding via the NHS, and felt that the NHS would struggle to afford the specialist end-of-life care given by hospices.

Whilst Butterwick was not alone in falling foul of documentation issues, Members expressed alarm at the reported CQC concerns around care being provided by people without a valid DBS (Disclosure and Barring Service) check. The mitigating circumstances for these two cases were subsequently outlined and reassurance was given that all staff roles had since been checked and that a revised DBS policy was now in place.

Moving forward, the Committee was pleased to see the latest Action Plan containing a review of pharmacy contracts. Butterwick confirmed that, whilst no decision had yet been made in relation to these, any future arrangement had to be in the best interests of the patients.

AGREED that the information be noted.

ASH 65/21 Tees, Esk & Wear Valleys NHS Foundation Trust - Response to recent CQC inspection

Representatives of Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) were in attendance to address the Committee following recent concerns raised by the Care Quality Commission (CQC) (published on the 10th December 2021), specifically in relation to the Trust's forensic inpatient or secure wards and specialist community mental health services for children and young people.

The Committee was reminded that this was the second time in the current municipal year that TEWV had been invited to respond to concerns identified by the CQC (the previous occasion in June 2021 related to the Trust's adult inpatient wards), a situation which had, in part, prompted a motion being considered and agreed (with an amendment) at the last full Council meeting in January 2022 that:

'Subject to detailed consideration and determination by our Adult Social Care and Health Select Committee and / or the Tees Valley Health Scrutiny

Committee, Council will write to the Secretary for Health and the Chief Executive of NHS England to call for a public enquiry into the continued failings and lack of notable improvement of Tees Esk and Wear Valley NHS Trust (TEWV).'

Led by the TEWV Chief Executive, and supported by the TEWV Chair and the TEWV Interim Director of Operations (Teesside), a presentation was given which outlined the following:

Secure Inpatient Service – Inspection Progress

- Key issues identified: staffing, safeguarding, governance systems for quality and safety.
- Action taken (by 30th November 2021): reviewed use of restrictive practices, embedding use of safety summaries and safety plans, improved compliance with safeguarding training (level 3) and Safeguarding Lead based on-site, electronic system (SafeCare) implemented to support the management of safe staffing, improving flow of patient safety information and (when necessary) delivery of psychological therapies / activities / leave, continuation of cultural work within service, governance processes examined, senior clinical capacity increased.
- Further actions due (by 1st March 2022): recruitment and retention (acknowledged as a challenging area across health / social care and the wider economy), work to support e-rostering in the service, development of Workforce Councils, progress of leadership issues (Matron level).

Community Child & Adolescent Mental Health Services – Inspection Progress

- Key issues identified: staffing levels (11% vacancies within team), systems for review of young people waiting for treatment (including specialist assessments), mandatory training compliance.
- Action taken (by 1st November 2021): review of all young people waiting for treatment, new system in place for 'Keeping in Touch' processes and ongoing review of potential risks.
- Further actions due (by 1st March 2022): caseload analysis to 'level load' between teams or clinicians and identify additional resource that may be required, focus on mandatory training (making good progress), ongoing recruitment to all vacant posts (around 9% in CAMHS (11% nationally)) with some agency support in the short-term. Additional actions identified in relation to 'Keeping in Touch' (evaluation of new process with young people / families / carers, and the design and pilot of an electronic version).

Crisis and Health Based Places of Safety – Inspection Feedback

- Several areas of good practice highlighted in the CQC report – service received an overall rating of 'Good'.
- Areas for improvement include systems for the storage of medication in one crisis team. There were also issues around waiting times due to demand being at very high levels.

Community Adult Mental Health – Inspection Feedback

- Several areas of good practice highlighted in the CQC report – service received an overall rating of 'Requires Improvement'.
- Areas for development identified included timely access to services and consistency of approach to caseload management.

AMH and PICU – Follow-Up Inspection Progress

- Key issues identified: complex systems for risk assessment and risk management.
- Action taken: Quality Assurance Programme implemented to provide quality oversight of clinical risk assessment and risk management, system re-design for recording of risk assessment and risk management, embedding systems for new risk assessment and risk management processes in all other specialties.
- Follow-up inspection (undertaken in May 2022): CQC assured by the progress and the service was subsequently re-rated as 'Requires Improvement'.

Well-Led – Inspection Progress

- Key issues identified (drawn from a review commissioned by TEWV itself): governance systems and structures, develop the work to progress 'Our Journey to Change' programme' (too early to see the impact of this in the latest CQC report), response to allegations of discriminatory and / or inappropriate behaviours, learning from incidents and complaints, corporate risk register.
- Action taken: Board Development Programme, Board Assurance Framework, restructure, external support and oversight (from NHS England and CCGs, good engagement with the CQC, and reporting into, and held to account by, regional Boards).

Our Journey To Change

- Strategic direction for the Trust that incorporates the clinical approach. COVID had made the last two years very challenging, and this had impacted upon the completion of Action Plans and the consolidation of improvements – the programme remains in its relatively early stages.

The Committee began discussions by reflecting on the length of time the current Chief Executive had been in post (19 months) and the fact that, even before this period, the Trust had been going through some well-publicised problems. TEWV's Chief Executive acknowledged the previous (and indeed tragic) events that had taken place prior to him taking on the role, and confirmed that he was fully aware of the various concerns and was confident that the senior team was able to work through the identified issues. Governance developments were seen as key, and whilst the Trust had a big job ahead, and COVID had impeded traction on progressing change, assurance was given that the current approach was the right one.

Turning attention to the role of TEWV's Governors, Members queried whether more robust oversight could have prevented some of the issues which had been raised by the CQC. It was confirmed that the Council of Governors had been kept fully apprised and briefed of the situation and had provided a good level of challenge (this was supported by the TEWV Lead Governor). In further response, the TEWV Chair commented that the Board of Directors of the Trust welcomed wider scrutiny of their role by Governors, and it was confirmed that the Board of Directors were now demonstrating more challenge. There were also a number of new directors in place, and the Chair had renewed confidence in this team and the senior management moving forward.

Continuing the governance theme, the Committee asked if there had been any changes in operational management as part of the structural reviews. TEWV confirmed that the ongoing, and significant, restructure had seen a turnover of senior posts, with new directors brought in, and an increase in clinical

leadership roles supported by operational leaders. In response, Members sought assurance that the changes implemented in light of the CQCs findings had given staff the motivation to drive forward improvements, and were informed that there was indeed a desire to put things right. Staff do care, and had found it difficult to read the CQC reports – however, it was encouraging that they are able and willing to speak about the challenges they face. The Trust reinforces the notion of fundamental standards – not just working in a way that satisfies the CQC, but because it is the right thing to do.

Reference was made to the previous appearance by TEWV representatives at the Committee meeting in June 2021, which some felt was unsatisfactory in terms of addressing the concerns of Members. Back then, issues around TEWV's culture raised alarm, and things did not seem much different now. A lot of people were upset and had felt let down by TEWV, and there had been reports of some staff expressing concern around rapid inductions and being left isolated. The TEWV Chief Executive offered apologies to the Committee if it was felt that the June 2021 update fell short of expectations, and also apologised to anyone who had had a bad experience of TEWV provision. The Trust acknowledged that there were pockets within the organisation which had deep-rooted issues, but that progress was being made and significant steps were being taken. Engagement with staff was ongoing, and it was vital to understand how their experiences fed through to patient care. The golden thread throughout the improvement plans was 'culture' – however, this vital element was not a quick-fix, and time was needed to achieve required change.

Noting that previous assurances had been provided by TEWV following the publication of past concerning CQC reports, the Committee questioned the extent to which statements around the progression of improvements could be believed. The apparent deterioration in the Friends and Family survey, ongoing problems with recruitment and retention, and previously identified issues failing to be addressed (then further highlighted by the CQC) suggested that the management team had created an unsafe service with significant cultural and staffing concerns. Despite this, there appeared to be no consequence for those in senior positions, and the latest managerial restructure could be perceived as merely moving leaders around rather than holding people of authority to account. TEWV representatives disputed that little had changed and reiterated the journey which it was now on, one in which there had been a significant turnover in leadership positions. In addition, there was now an emphasis on increasing clinical leadership to shape the required organisational change, there was lots of new blood coming into the Trust (almost a complete turnover at Board level), and the Trust were currently advertising for a new Medical Director. Events at West Lane Hospital had shaken everyone at TEWV, and there was an air of humility about the organisation which recognised that provision had, in some cases, fallen short, and that the Trust needed to actively listen. In response to continuing Member concerns around ultimate accountability for the ongoing problems, TEWV highlighted the fact that it was regularly held to account by the CQC and NHS England, and that the Trust had engaged with Deloitte in relation to Board development and improving governance.

An example of a TEWV staff member expressing concerns around practice to a Councillor rather than the Trust was relayed to those present. The TEWV Chief Executive regretted that the staff member felt unable to raise their issues

in-house, and informed Members that the organisation wanted to create an environment where its workforce could highlight any problems or concerns without fear of repercussions. The TEWV Chair emphasised that the Trust was determined to put right the previous wrongs, and repeated his confidence in the proactive and visible leadership of the TEWV Chief Executive.

The Council's Cabinet Member for Adult Social Care (also the TEWV Lead Governor) notified the Committee that she had called two special Governor meetings regarding identified concerns. During these, the Board had been open to all Governor questions, and at no time had there been a necessity to report mismanagement to NHS Improvement (as is the statutory duty of the Lead Governor), though it was pointed-out that the court of public opinion may hold a different view. The SBC Director of Adults and Health also added that TEWVs engagement with the Local Authority had been very positive, and noted personal involvement in recent Trust senior management appointments.

Closing this debate, the Committee Chair referenced the description by staff of a 'toxic culture' within Forensic Inpatient Services (page 13 of the latest CQC report published on the 10th December 2021), and cautioned against apportioning blame to specific individuals when it was the organisation as a whole which had failed in certain areas. Confirmation was then sought around current staffing levels, and it was stated that the vacancy rate across TEWV was around 6% (17% within the Forensic service), with additional cases of sickness absence presenting further challenges. Data on the present and previous use of agency and bank staff would be provided to the Committee after the meeting.

Council Motion

A Committee discussion ensued regarding the recent Council motion. Members recognised that TEWV appeared to be actively addressing the concerns raised by the CQC, but were also wary of their ability to achieve the required change (it was not altogether clear what 'change' looked like either). There had also been no mention of any interaction with Trade Unions or professional bodies when it came to staffing matters, though it was subsequently stated that the TEWV Chief Executive had regular meetings with the former.

Reflecting on the information provided at this meeting, the Committee unanimously agreed that, whilst it was positive that SBC was proactively scrutinising TEWV, the Trust's significant footprint outside the Borough meant any decision on whether to agree to a letter being sent to the Secretary of State for Health and the Chief Executive of NHS England calling for a public enquiry into TEWV should be deferred until after the Trust addresses the Tees Valley Joint Health Scrutiny Committee in March 2022. Once this takes place, the Committee would convene again to hear feedback from that meeting, and a final decision could then be taken with regards the Council motion.

AGREED that:

- 1) the information be noted;
- 2) TEWV provide the requested information on its present and previous use of agency and bank staff to the Committee;

3) the Committee's decision in relation to the recent Council motion be deferred until after TEWV address the Tees Valley Joint Health Scrutiny Committee in March 2022.

ASH 66/21 Overview Report 2022

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. Introduced by the SBC Director of Adults and Health, and supported by the SBC Director of Public Health and SBC Environmental Health Service Manager, the report drew attention to the following:

Adult Services

- Continued to respond quickly and flexibly to all Government guidance in relation to COVID-19 – this has included PPE, testing, care home visiting, designated settings, infection prevention and control, and mandatory vaccinations.
- Staff have adapted extremely well to significant changes in the way that they work (home-working, flexible working pilot) and the way services are provided. Staff in provider services have utilised technology to ensure that those people who were unable to access services in-person could continue to stay connected with staff and friends.
- Support to local care sector providers has included Provider Forums, newsletters, infection prevention and control (in co-operation with NTHFT), PPE, and psychological support (in conjunction with TEWV). NHS partnership-working has continued in the form of integration across Intermediate Care Services, Reablement, Occupational Therapy, Single Point, and hospital discharge.
- All safeguarding work has continued throughout the pandemic – this has included face-to-face visits (although restricted – circumstances considered) as well as digital solutions.
- As part of its social care reform agenda, the Government published Build Back Better: Our Plan for Health and Social Care in September 2021. A 'Social Care Reform 2021' presentation in relation to these developments (given as part of a Cabinet / CMT briefing in October 2021) was circulated, and a future update could be provided to the Committee.
- Following wide consultation, a new Adult Social Care Strategy 2021-2025 had been published – this was extremely well received with feedback commending its interesting and easy-read content which makes clear what the Council's priorities are.
- There will be a continued focus on developing leadership skills within the directorate's own teams and in the care sector workforce across the Borough. SBCs Well-Led Programme has helped 47 people gain confidence and develop their leadership skills, and the Council are now in the fourth cohort with another 18 leaders attending.
- Other priorities include improving engagement and involvement with people who are supported by the Council's services (as well as their carers and families, and the communities SBC serves), working with providers to increase the offer of service provision within the Borough (to reduce the number of placements that are out-of-Borough and consider whether there are additional

services SBC want to provide itself), improve recruitment and retention in the social care workforce (including the piloting of a Care Academy), continue to work in partnership with NHS colleagues, and preparing a response to the Department of Health and Social Care White Paper: People at the Heart of Care.

Public Health

- Public Health has continued to lead the COVID management for the Borough, working closely with the UK Health Security Agency (UKHSA – previously Public Health England), the regional health protection team and neighbouring Local Authorities. The team has provided infection control advice, risk assessment support, national guidance interpretation, management of outbreaks and management of COVID-19 cases and their contacts, as well as helping to ensure a robust local testing offer and improving access to, and promotion of, the COVID vaccination. Very positive feedback had been received on the service provided.
- Alongside COVID management, the team had continued to deliver on a range of key work areas (including its statutory responsibilities) to ensure ongoing support to improving the health of local communities, protecting the most vulnerable, and leading on addressing health inequalities. This had included working with the Council's services to adapt to providing support in different ways, such as remote discussions and online support, as well as ongoing face-to-face provision for the most vulnerable.
- Continued to service and support the Health and Wellbeing Board in its work across partners, as well as leading and / or supporting other key strategic forums (e.g. domestic abuse, community safety / violence prevention, Tees Safeguarding Adults Board).
- Looking ahead, the team will continue to provide direction, support and delivery in relation to COVID and will work towards ensuring a resilient local health protection system for the future. Promoting preventative measures (e.g. health checks) to improve wellbeing, developing work on 'healthy place' (addressing health inequalities), and progressing the Better Health at Work Award programme are all areas of focus, as is an updated approach to the Joint Strategic Needs Assessment (JSNA) to support the refresh of the Joint Health and Wellbeing Strategy in the context of the ICS system.

Environmental Health

- Played a key role in supporting Public Health in the COVID response (management of outbreaks and response to cases) and worked closely with Adult Services and Public Health colleagues on the response to care homes, including leading the Care Home Protection Group and visiting settings to provide support and advice on infection prevention and control.
- Continued to successfully deliver the wider core Environmental Health work – the Animal Welfare team again earned the RSCPA Gold PawPrint award in 2021, and the Food Safety team was one of the best performing teams in the region in its work with food premises.
- Moving forward, the service will be continuing its programme of training which includes food safety training as well as food nutrition (linking to school catering and Public Health). Another key area is around air quality – this will be progressed further as the support to the COVID response work changes. It will remain important to ensure the appropriate trained capacity in Environmental Health and Public Health teams (given the national challenges in recruitment for these areas of work) to help with the continued protection and improvement in

the health of the local population.

Commending staff across the directorate for their considerable efforts throughout the year, the Cabinet Member for Adult Social Care highlighted two positive aspects that had emerged from the ongoing pandemic, namely the continued successful partnership-working which was beneficial to everything the service does, and the strengthened relationships with the Borough's care home providers.

The Cabinet Member for Health, Leisure and Culture gave specific praise to the small Public Health team for its significant work and admirable dedication, not least during the recent spike in COVID cases. Thanks were also extended to the whole SBC workforce for demonstrating flexibility and a willingness to support the Council's COVID response. Members were reminded that the Health and Wellbeing Board (HWB) had had oversight of COVID-related arrangements throughout the pandemic, and assurance was given that, moving forward, the HWB would be considering post-COVID / long-COVID issues, in particular the impact of this on certain demographics.

The Committee welcomed the numerous positive aspects contained within the overview report, and was very pleased to hear of the many non-COVID service developments which had still been achieved despite the understandable dominance of pandemic-related matters. Members commended the excellent response from both the Public Health and Environmental Health teams, and felt the supporting data within the report was helpful in demonstrating successful performance. It was also noted that a key role of the Council was ensuring communications, both within the organisation and with all partners across the Borough, were robust and timely – keeping engagement mechanisms open and directories up-to-date was crucial in disseminating the latest guidance.

A discussion ensued around the mandatory vaccination requirements for care workers. Whilst some felt the regulations were appropriate, had benefitted those involved in the care sector (providers and users), and should be widely supported and encouraged, others expressed reservations about the approach, arguing that a sense of perspective was needed and that the reporting of COVID-related deaths should cease. It was reiterated that vaccination uptake for care staff was a legal requirement, and that, regardless of personal opinion, the Council had a duty to support this position (along with all other Government guidance which had been issued). In relation to data-reporting, the role of the Local Outbreak Engagement Group (LOEG) in agreeing COVID messaging in collaboration with NHS colleagues (including a dashboard similar to that seen in the national media) was referenced.

From a Healthwatch Stockton-on-Tees perspective, it was stated that data on COVID prevalence was key for immunosuppressed individuals so they could decide how safe it was for them to leave their homes. In addition, Council officers were asked if the commissioned COVID community champions programme could eventually go beyond COVID and be used to communicate other health issues. In response, it was agreed that, whilst the focus for this programme was very much on COVID recovery / ongoing support for specific groups of individuals, there was indeed potential to widen this out to other health topics in the future.

On behalf of the Committee, the Chair thanked those officers and Cabinet Members in attendance for a very positive report, and asked for thanks to be relayed to all staff within the Adults and Health directorate for their ongoing and much-valued achievements and dedication.

AGREED that the information be noted.

ASH 67/21 Care Quality Commission (CQC) Inspection Results - Quarterly Summary (Q3 2021-2022)

The SBC Quality Assurance and Compliance Manager presented the latest quarterly summary regarding CQC inspections within the Borough. Six inspection reports were published during this period (October to December 2021 (inclusive)), and specific attention was drawn to the following:

- Springwood: Rated 'Good' overall and across all domains (no change from the previous inspection published in August 2019), this inspection was undertaken as part of a random selection of services rated 'Good' or 'Outstanding' to test the reliability of the CQCs new monitoring approach.

- Willow View Care Home: Rated 'Requires Improvement' overall and in the 'safe' and 'well-led' domains, two breaches of regulations had been identified relating to safe care and treatment, and good governance. This was an unannounced inspection which was undertaken due to concerns that unvaccinated staff were being allowed to work in the setting – it was subsequently found that three staff members had not received any vaccinations prior to the 11th November 2021 legislative deadline. The CQC also found that medicines and risks to people's health and wellbeing were not well managed, and that records were not always fully completed or up-to-date (a PAMMS assessment undertaken prior to the CQC inspection had identified that both risk assessments and care plan consistency required improvement).

With reference to the Willow View Care Home report, the Committee asked if the SBC Quality Assurance and Compliance Team check published CQC reports to ensure the findings are in-line with their own views of a provider – it was confirmed that such checks were undertaken.

An overview of the PAMMS Assessment Report section (Appendix 2) was then provided – this contained 12 inspection outcomes that had been published during the October to December 2021 period. Encouragingly, ten of these had resulted in an overall 'Good' rating, with the remaining two, Ashwood Lodge Care Home and Teesside Supported Living – Kirkdale, rated 'Requires Improvement'. Although the overall rating for the former had not changed since the last PAMMS inspection in January 2020, several areas of improvement had been made, particularly in relation to their Key Worker System – however, the overall environment of the setting had not improved and required significant investment (the Manager had raised this with the Ashwood Lodge owners), and issues continued with the dependency tool for the service and medication recording / management. Regarding the latter, not all staff were seen to have had recent supervisions, and concerns were raised about medication not being safely administered, staff not following PPE guidance, and actions arising from audits not being completed. Both providers were completing Action Plans to address areas identified for improvement.

The Committee was pleased to hear of the mainly good practice being carried out across the Borough by the care providers listed within the report and gave specific praise to The White House Care Home for its very personalised support plans – as the CQC had previously found, it was noted that this service continues to set admirable standards.

Further to national developments around the mandatory vaccine requirements for care home staff, Members queried if efforts were being made to contact those who lost their jobs as a result of the Government's position so they could be re-employed within the care system. Officers stated that care sector stakeholders continued to await news on changes to the existing situation before any future steps were taken.

The SBC Director of Adults and Health (also present at this meeting) noted the level of effort which goes into the PAMMS assessments, including the fact that these were undertaken in-person (not remotely) and contained a good level of depth. The Committee commended the SBC Quality Assurance and Compliance Team for continuing to provide this important information and oversight, and Members were asked to forward any further queries they had on this report to the supporting Scrutiny Officer for post-meeting follow-up.

AGREED that the Care Quality Commission (CQC) Inspection Results – Quarterly Summary (Q3 2021-2022) report be noted.

**ASH
68/21** **Work Programme 2021-2022**

Consideration was given to the Committee's current Work Programme.

Members were notified that, following discussion with the Committee Chair and Vice-Chair, next week's (23rd February 2022) intended informal Scrutiny Review of Day Opportunities for Adults 'summary of evidence / draft recommendations' session would be cancelled to allow for additional time to circulate further information, including the recently completed virtual visits to day service providers. This informal session would now take place immediately after the next formal Committee agenda on the 15th March 2022, a meeting which was scheduled to involve a presentation on the latest North Tees and Hartlepool NHS Foundation Trust Quality Account for 2021-2022.

It was also stated that the draft scope and plan for the Committee's next review of Care at Home would now be presented at the April 2022 meeting (as opposed to March 2022).

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

**ASH
69/21** **Chair's Update**

The Chair had no further updates.