

Adult Social Care and Health Select Committee

A meeting of the Adult Social Care and Health Select Committee was held on Tuesday 18th January 2022.

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

Officers: Ann Workman, Emma Champley (A&H); Gareth Aungiers (Xentrall); John Devine, Nigel Hart, Gary Woods (MD)

Also in attendance: Judith Mackenzie, Victoria Machin (CQC); Darren Best (TSAB)

Apologies: Cllr Steve Matthews

1	Evacuation Procedure The evacuation procedure was noted.
2	Declarations of Interest There were no interests declared.
3	Minutes of the meeting held on 21 December 2021 Consideration was given to the minutes from the Committee meeting held on the 21 st December 2021. AGREED that the minutes of the meeting on the 21 st December 2021 be approved as a correct record and signed by the Chair.
4	Care Quality Commission (CQC) – State of Care Annual Report 2020-2021 The Committee considered the latest Care Quality Commission (CQC) State of Care Annual Report for 2020-2021 (links to the full report were provided in advance) and was provided with a presentation detailing the following: <ul style="list-style-type: none">• <u>Our purpose:</u> The CQC is the independent regulator of health and adult social care in England. It monitors and inspects services to see whether they are safe, effective, caring, responsive and well-led (publishing what it finds, including quality ratings), and uses legal powers to take action where poor care is identified. The CQC speaks independently, publishing regional and national views on the major quality issues in health and social care, and encourages improvement by highlighting good practice.• <u>Unique oversight of care:</u> Providing a unique oversight of care across the system, a huge variety of care settings are registered and regulated by the CQC. It uses data and other information (including that from people who use services, their families and carers) to inform judgements of the quality of care. Dentists are inspected but not rated.

- State of Care legacy: The CQC is a consistent and trusted voice on the health and adult social care system in England.
- Powered by people, for people: Everyone (staff and volunteers) within the health and adult social care system, including those who care at home, should be recognised and celebrated for their professionalism, resilience and dedication. However, staff are exhausted and depleted, and this has the potential to impact upon the provision of care – staff sickness rates were up in adult social care last year (pre-pandemic sickness rates for adult social care staff were 2.6%, whereas these almost doubled to 5% between March 2020 and June 2021). Staff cannot work any harder, therefore they need support to work differently – the system needs to work better.
- Vacancies in care homes: Increasingly, the CQC are seeing social care providers struggle to attract and retain staff, a situation that is serious and deteriorating (this was also a pre-pandemic issue, as highlighted in previous State of Care reports) – as an example, vacancy rates for residential care providers rose steadily from 6% in April 2021 to 10.2% in September 2021. Staffing pressures are being felt across all health and care settings, and are causing problems in primary care and nursing – however, the impact is being seen most acutely in adult social care, where providers are competing for staff with the retail and hospitality industries (vacancy rates may increase further when these industries begin recruiting again and offer incentives to new staff). Requirements around the need for COVID vaccinations may further exacerbate existing staffing pressures.
- Vacancies in adult social care: Despite the challenging national vacancy picture, there are some significant regional variations. As of October 2021, the North East adult social care vacancy rate (6.8%) was the second lowest in England (far lower than the highest rate of 11% in London).
- New money must drive new ways of working: The £5.4 billion investment in health and social care announced in September 2021 is welcome (this includes £500 million across three years to support the adult social care workforce), but this must be used to make a difference, not just prop-up existing ways of working and plug demand in acute care. The adult social care allocation must develop career pathways linked to training and be supported by consistent investment and higher overall levels of pay to increase the competitiveness of the market (involving good terms and conditions to ensure employers can attract and retain the right people).
- Pressures elsewhere: Staffing pressures are being felt particularly across primary care and nursing. There were fewer GPs in June 2020 compared to June 2017, and a British Medical Association (BMA) survey in February 2021 found that 50% of doctors were more likely to reduce their working hours in the following 12 months (one in four were more likely to take early retirement and another fifth were more likely to leave the profession). Vacancy rates for registered nurses in adult social care are at 13.4% (a 5% increase since March 2020) and turnover is 38.2%, whilst there has been little growth in mental health nursing numbers over the last nine years. Also, as of June 2021, NHS statistics show a 6.4% decrease in learning

disability nurses since June 2017.

- Stability in social care is the key: Stability on workforce and funding in social care is the key to unlocking not only improved access and quality of care for the people who use it, but to easing pressure on the NHS at both front and back doors – reducing emergency attendances and delayed discharges. More instability risks a further loss of staff, contributing to reduced capacity / choice and poorer quality care, resulting in a ‘tsunami’ of unmet need that will resonate across the whole health and care system.
- Pressure in the NHS: Measures that improve capacity and patient flow are needed. The number seeking emergency care continues to rise (with unacceptable waiting times for ambulance and emergency departments), and there are now 5.7 million people waiting for elective treatment – this is predicted to rise to between 9 million and 14 million in 2022.
- What could help now?: Close working across the system is essential to manage out-of-hospital care safely this winter. ‘Discharge to Assess’ funding has helped people to leave hospital and some social care providers to stay afloat – a longer-term commitment to this funding would capitalise on benefits and help social care build meaningful relationships with other sectors (including the third sector and carers). Also, funding is needed now to help the areas struggling most to increase capacity over winter.

Ultimately, new care models are needed to ensure people receive the care they need, where and when they need it. Most immediately, a new model for urgent and emergency care is required, so people are less likely to end up inappropriately funnelled into emergency departments – many could be better treated out-of-hospital or by other allied health professionals, working in multi-disciplinary teams.

- Inequalities continue: COVID-19 has exacerbated inequalities – people receiving poorer care before the pandemic are often the same groups disproportionately affected by COVID. The problems highlighted last year have not gone away: in services for people with learning disabilities and / or autism, the CQC continue to find provision with care so poor that action has been required to keep people safe.
- In the longer-term: Integrated Care Systems (ICSs) need to plan for all parts of the health and care system to work together to respond to local needs – this will require relationships and support outside the formal healthcare system, particularly the third sector. If funding were to be committed to for a longer period, care providers could start to make longer-term investments in staffing and buildings to provide much-needed step-down care, and also build more meaningful relationships with primary, secondary and community care services, along with third sector organisations and with carers, who have too often been the missing pieces of the jigsaw. The challenge now is for every system to learn from the best examples of collaborative-working so local leaders make best use of resources and people.

The future must be focused on outcomes for *all* people who need care,

supported by changes to workforce, funding, commissioning and oversight. The priority is the design of services around local need, so people get the right care in the right place at the right time, delivered by a valued and supported workforce. This opportunity to build something better – a health and care system that works for everyone – must be grasped.

- Local data: Supplementing the presentation on the national health and care picture, data on local adult social care ratings (as of the 7th January 2022) was provided. When compared with the national statistics, providers in Stockton-on-Tees were performing well, with the percentage of ‘good’ community social care, domiciliary care agencies and residential homes all above the England percentages. The exception was nursing homes, where the Borough had less (as a percentage) ‘good’ and more ‘requires improvement’ or ‘inadequate’ providers.

Comparisons to the other four Tees Valley Local Authority areas were included, though, as with the national data, caution was urged around the actual numbers of providers within each service-type (e.g. Stockton-on-Tees has considerably more domiciliary care agencies and more nursing homes than the other four Tees Valley areas).

Committee discussions began by querying if the £500 million allocated to adult social care was enough to tackle the existing issues highlighted by the CQC. In response, Members were informed that it was not within the CQCs gift to determine if this amount was enough, but that it was crucial to ensure that any additional funding was used wisely and was targeted at the right areas. With the impression that the whole health and care system was in somewhat of a crisis situation, and noting the CQCs request for a longer-term commitment in relation to ‘discharge to assess’ funding, the Committee asked if any further financial support had been promised as a result of this CQC State of Care report – this would be confirmed after the meeting.

Attention was drawn to the numbers of newly-qualified doctors who were leaving the UK due to more attractive salaries in other countries. Regarding adult social care vacancy rates, Members were pleased to see that the North East was in better shape than most other parts of England, though were interested in understanding the local vacancy situation as well as the underlying reasons for this. Whilst the CQC would be able to drill-down into the Borough’s vacancy rates, it was also noted that the Council had access to such data which could be shared.

Reflecting on the report as a whole, the Committee felt it made for sobering reading, and agreed that the whole system needed to work together better. From a local perspective, it was concerning that nearly a third of nursing home providers were rated as either ‘requires improvement’ or ‘inadequate’, and assurance was sought that inspections were taking place in these settings to allow for problems to be identified and addressed. Members heard that any ‘inadequate’ services would be revisited within six months, and that the CQC were now carrying-out more face-to-face inspections following the challenges caused by COVID-19 (though some virtual calls are still undertaken) – this was acknowledged as being the best way to inspect a setting. The CQC was also

	<p>aware of the high number of COVID outbreaks in the region and were actively monitoring these with providers. Highlighting previous concerns around CQC visibility during the pandemic, the Committee asked if any data on actual (and virtual) visits to the Borough’s providers in the last 12 months could be provided after this meeting.</p> <p>Reinforcing the need for CQC visibility, Members suggested that higher staff vacancy rates made it more likely that care was not being provided as it should. The CQC emphasised that inspection resources were targeted towards those areas with evidence of risk, and that gathered intelligence (e.g. complaints, safeguarding concerns) was used to make decisions on ‘crossing-the-threshold’ (i.e. physically visiting). Considerations around vacancy rates at a provider are also taken into account – this information is supplied by services themselves as well as via the established Capacity Tracker tool.</p> <p>Continuing on the significant issue of recruitment / retention, the Committee queried if there was any trend data which showed a ‘direction of travel’ in terms of vacancy issues and the reasons for this (e.g. pay, terms and conditions). The CQC was undertaking a workforce study whilst going into settings to determine the reasons for any workforce pressures – although this work was in its infancy, it was hoped that more information could be provided in the future. Members sought assurance that the CQC was asking staff for their opinions as well as managers – this was confirmed, though it was noted that managers are usually very open and transparent about issues within their setting.</p> <p>Bringing the debate to a conclusion, Members queried the level of influence that the CQC had over central Government to ensure funding was directed in the right areas. Although the CQCs ability to effect Government decision-making was difficult to quantify, continuous dialogue takes place between the two, and it was also noted that Councils work collectively with providers across the whole health and care sector to determine how best to spend budgets. The Committee fully supported the CQC in advising the Government where finances should be targeted and asked for this message to be relayed back to senior CQC representatives.</p> <p>AGREED that:</p> <ol style="list-style-type: none"> 1) the information be noted; 2) the CQC provide additional information where requested / identified.
<p>5</p>	<p>Teeswide Safeguarding Adults Board (TSAB) – Annual Report 2020-2021</p> <p>The Committee was presented with the latest TSAB Annual Report for 2020-2021 (full report and Strategic Business Plan for 2021-2022 was provided in advance) by the current TSAB Independent Chair. The following key elements were highlighted:</p> <ul style="list-style-type: none"> • TSAB is a statutory body responsible for protecting and promoting an adult’s right to live an independent life, free from abuse and neglect. Unusually in the realm of adult safeguarding, four different Local Authority

areas work together as statutory partners (the others being Cleveland Police and NHS Tees Valley Clinical Commissioning Group), with further co-working undertaken with a host of non-statutory partners from a range of sectors including health, probation, housing and community / voluntary. Led by an Independent Chair (who changed six months into 2020-2021), emphasis is placed on Local Authorities to provide robust oversight.

- The report reflects a period of time when organisations were operating during the COVID-19 pandemic. Despite this, staff have responded with excellent practice (albeit in adapted ways) and deserve great credit for managing to keep people safe. The breadth of partnership-working is highlighted within the report, with numerous examples of positive engagement / involvement across sectors and between organisations. Crucially, there is an openness to learning and improvement, an example of which is the very active Safeguarding Adult Reviews (SAR) group.
- There had been a significant improvement during 2020-2021 in working towards accomplishing TSABs five performance indicators (four of which were achieved) – these remain an area of development for the Board. TSAB priorities for 2021-2022 have been written with an important change of emphasis – they are viewed through the eyes of the service-user rather than from the perspective of organisations that comprise the Board.
- In terms of challenges, ensuring the appropriate level of resources, staffing, training and professional experience continues to be key (it was noted that the lower level of average wages in the locality had prevented safeguarding-related staff vacancies from being higher when compared with other regions). The adult safeguarding arena remains a very complex environment which covers a broad range of issues, some of which have gained more recent prominence (modern slavery, self-neglect) – COVID has added a further layer of complexity, and other areas may emerge too. Further emphasis on seeking the voice of carers (something which often comes out of SARs) will be important moving forward.
- Domestic abuse is the single biggest safeguarding factor across Teesside and impacts on several other safeguarding issues – as such, it was vital that people are urged to support Cleveland Police’s ‘SafeLives’ initiative. Another key element for all stakeholders to reinforce is the concept of ‘professional curiosity’ (a capacity and communication skill to explore and understand what is happening within a family rather than making assumptions or accepting things at face value).
- As referenced in the report’s appendix, there was a 5% increase in the number of safeguarding concerns reported in Stockton-on-Tees – this was considered a positive development and a sign that public awareness of adult safeguarding issues continues to grow. TSAB has an active Performance, Quality and Audit sub-group which investigates the reasons for reported concerns, and the subsequent level of section 42 enquiries (72%) was a very good conversion rate (45-55% was considered healthy).

Reflecting on the content of the report, the Committee welcomed the apparent

strengthening of partnership-working between adults and children's services (something which Members had raised concerns about in previous years). In answer to a query around communication between the two services, it was stated that, from an operational perspective, collaborative approaches are widely evident – however, on a strategic level, more work is required. The ambition is there to work more closely, though having the 'head space' to be aware of and factor-in issues in relation to another service can be challenging – that said, individual pieces of work that could benefit from increased co-working have been looked at.

Since TSAB consists of four Local Authority areas with differing needs / issues, the Committee asked if the current Teeswide model offered the best approach in dealing with the adult safeguarding agenda. Members were assured that the existing arrangements were positive for people across these localities, with professionals from numerous organisations giving their time to support the whole partnership (not just where they themselves are based).

The Borough's high rate of Deprivation of Liberty Safeguards (DoLS) applications when compared to the three other Local Authorities within TSAB was again raised. This was also considered a positive, and the Committee was advised that an update on the work of the Council's DoLS team could be provided after this meeting (it was noted that the legislation around DoLS was due to change).

Regarding the 2020-2021 priorities, Members commended the work undertaken around 'prevention'. Concerns were, however, raised in relation to limitations on access to Primary Care and the potential impact this may have regarding the identification of vulnerable individuals, particularly since all professionals coming into contact with the public should be mindful of safeguarding. TSAB acknowledged that although various reporting mechanisms for safeguarding concerns are well-established by professionals / organisations, this may not always be the case for the public – it could also be queried whether the number of safeguarding initiatives / schemes over the years had compromised clarity with regards reporting avenues. Ultimately, what was crucial was that the public know how to report concerns, those responding to reported cases were dealing with this in the appropriate way, and that resources were in place to address such incidents.

Focusing on domestic violence, the Committee drew attention to the concerning prevalence of cases within the BAME community and urged the Board to follow this up. The TSAB Chair had taken part in a recent interview around this issue and suggested that there may be benefits in tailoring the messaging for this community.

TSAB was commended for another clear and concise Annual Report (though the number of acronyms in the accompanying Business Plan made for more challenging reading), and the Committee was pleased to see positive feedback in relation to the Board's online training offer, something which had raised concerns during previous Annual Report discussions. It was acknowledged that COVID-19 had forced professionals to become more familiar with technology (i.e. remote working), and that the Board's active Learning, Training

	<p>and Development sub-group conducts an annual training needs analysis and provides a funded training offer which brings largely positive feedback on the wide-ranging choice of courses (which are well attended).</p> <p>AGREED that:</p> <ol style="list-style-type: none"> 1) the information be noted. 2) an update on the work of the SBC DoLS team be provided.
<p>6</p>	<p>Monitoring the Impact of Previously Agreed Recommendations</p> <p>Consideration was given to the assessments of progress on the implementation of the recommendations from the previously completed Scrutiny Review of Hospital Discharge (Phase 1 – discharge to care homes during the COVID-19 pandemic). This was the third progress update following the Committee’s agreement of the Action Plan in December 2020, and key developments in relation to the outstanding action were noted as follows:</p> <p><u>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):</u> Since the last update in July 2021, the pandemic had continued to provide additional challenges for all, including the care home sector and acute Trust. In response to this sustained period of pressure, some workstreams were stood down and were due to be reconvened. However, provider forums / multi-agency meetings across the system had continued, with meetings held on a daily basis where it had been appropriate. During this time, there had been a real focus on protecting the care homes – this involved:</p> <ul style="list-style-type: none"> • infection, prevention and control support and guidance • support with the vaccination programme • information-sharing about Community Services (Community Matron service, Palliative Care Line (Palcall) overnight service, and Clinical Triage) • additional communication points with staff from the Integrated Discharge Team at NTHFT • delivery of a designated setting in Stockton to facilitate safe and timely return to care home settings <p>Regular dialogue between NTHFT and care home providers was evident via the provider forums, and a care home information line to facilitate timely exchange of information had been introduced. The Trust’s MDT Facilitators were in post and work was well underway to engage all the Borough’s care homes. Enhanced Health in Care Home meetings were in place for Stockton-on-Tees on a monthly basis (attended by health and social care organisations, including NTHFT).</p> <p>AGREED that the progress update be noted, the assessment for progress be confirmed, and the Action Plan be signed-off as fully achieved (no further updates required).</p>

<p>7</p>	<p>Regional Health Scrutiny Update</p> <p>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:</p> <ul style="list-style-type: none"> • <u>Tees Valley Joint Health Scrutiny Committee</u>: The last meeting took place on the 10th December 2021, where items considered included the latest local NHS / Public Health response to COVID-19 (verbal), Tees Valley Clinical Commissioning Group updates in relation to the previously completed Learning Disabilities Respite Review and the Breast Diagnostic Service, the Committee’s visit to Lotus Ward, Acklam Road Hospital (verbal), and a North East Ambulance Service (NEAS) – Performance Update. <p>Regarding the COVID-19 update, concerns were raised around the location of the vaccination pop-up sites – Members were encouraged to feed-in any views on these (along with any alternative proposals) to their respective Public Health teams. It was also noted that a suggestion was put forward for a potential future piece of Committee work around opioid dependency, a topic which had been investigated by Middlesbrough’s health scrutiny panel in 2021.</p> <ul style="list-style-type: none"> • <u>Sustainability and Transformation Plan Joint Health Scrutiny Committee</u>: Confirmation of the Committee’s next meeting date is still awaited. It was noted that NHS operational planning guidance 2022-2023 was published on the 24th December 2021 – this confirmed that, given the uncertainty of the time frame for the passage of the Health and Care Bill, the move to place ICSs on a statutory footing will be pushed back to the 1st July 2022. <p>AGREED that the Regional Health Scrutiny Update report be noted.</p>
<p>8</p>	<p>Work Programme 2021-2022</p> <p>Consideration was given to the Committee’s current Work Programme. The next meeting was scheduled for the 15th February 2022 and would include the presentation of the annual overview report for the Council’s Adults and Health directorate – an opportunity for the Committee to hold to account Cabinet Members and Services, and understand the challenges and issues arising ahead of the next year’s work programme. The next CQC quarterly report was also scheduled to be presented at the February 2022 meeting, and following completion of the formal agenda, an informal session would be held to consider a summary of the evidence received in relation to the ongoing review of Day Opportunities for Adults, after which draft recommendations would be formulated.</p> <p>AGREED that the Adult Social Care and Health Select Committee Work Programme for 2021-2022 be noted.</p>

9

Chair's Update

The Committee Chair drew attention to the following two issues:

- Butterwick Limited: Due to the long-standing concerns highlighted by the CQC at both the Butterwick Hospice Stockton (adults) and Butterwick House (children / young people), a request had been submitted to Butterwick Limited for appropriate representatives to attend the next Committee meeting in February 2022 to provide an update on current and future plans for improving the existing situation.
- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): Just prior to Christmas 2021, the CQC had published the findings from its latest inspection of TEWV – this raised particular concerns in relation to their forensic services which were graded 'inadequate'. Although the Tees Valley Joint Health Scrutiny Committee had since been asked if TEWV will be requested to provide a response to this at their next meeting in March 2022, Members agreed that TEWV representatives should be asked to address the SBC Adult Social Care and Health Select Committee if the Joint Committee are not considering TEWV's response until then.

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