

Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 12th April, 2022.

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

Officers: Ann Workman, Emma Champley, Peter Otter, Gavin Swankie (A&H); Martin Skipsey (FD&R); Gary Woods (MD)

Also in attendance: Cllr Ann McCoy (Cabinet Member for Adult Social Care); Jill Foreman, Matt Wynne (North Tees and Hartlepool NHS Foundation Trust); Moira Angel (South Tees Hospitals NHS Foundation Trust); Christine Bruce, Alison Coak, Hayley Stewart (Tees, Esk and Wear Valleys NHS Foundation Trust); Megan Stevens, Nichola Storr (Five Lamps); Colin Wilkinson (Healthwatch Stockton-on-Tees)

Apologies:

ASH 81/21 Evacuation Procedure

The evacuation procedure was noted.

ASH 82/21 Declarations of Interest

There were no interests declared.

ASH 83/21 Minutes of the meeting held on 15 March 2022 and 22 March 2022.

Consideration was given to the minutes from the Committee meetings held on the 15th March 2022 and the 22nd March 2022.

AGREED that the minutes of the meetings on the 15th March 2022 and 22nd March 2022 be approved as a correct record and signed by the Chair.

ASH 84/21 Monitoring the Impact of Previously Agreed Recommendations

Consideration was given to the assessment of progress on the implementation of the recommendations from the Scrutiny Review of Hospital Discharge (Phase 2 – discharge to an individual's own home). This was the first update following the Committee's agreement of the Action Plan in January 2022 (the draft of which was originally presented in September 2021 but was subject to several required updates), and the following comments / queries were raised in relation to the stated progress by those organisations responsible for the approved actions:

- Recommendation 1 (Where not already supplied (e.g. specialist teams), consideration be given to providing the name of a designated hospital staff member/s (i.e. those involved in the care of an individual whilst in hospital) for a former patient to contact rather than / in addition to a general ward number): Noting North Tees and Hartlepool NHS Foundation Trust's (NTHFT) reference to the pending CQC inpatient survey results (within the 'Agreed Success Measure'), Members asked if any issues around post-discharge contact had been reported to ward matrons. NTHFT advised that analysis of any patient feedback (including complaints) was an ongoing process and that responses

were provided on an individual basis. The Committee was also reminded that a summary of information was provided to a patients' GP upon discharge.

The South Tees Hospitals NHS Foundation Trust (STHFT) practice of calling some patients post-discharge to support them with any queries at home was also due to be rolled-out to those discharged to care homes. Members were encouraged by this approach and looked forward to receiving further updates on any feedback from former patients.

Referencing an additional update paper tabled at this meeting, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) noted that patients were often discharged to care in the community, and that issues remained around getting Friends and Family questionnaires returned.

- Recommendation 2 (Existing arrangements around the identification of carers when they themselves are admitted to hospital for treatment, as well as options for post-discharge support until they can resume their caring role, be reviewed by all relevant partners to ensure a joined-up approach): The working copy of the adult core admission document (embedded within the progress update) emphasised the amount of information NTHFT collect.

A new STHFT Systems Co-ordinator, working within the Transfer of Care Hub team, would be tasked with identifying carers.

TEWV highlighted their new dedicated Assistant Psychologist within the Older People service who was working specifically with families / carers – this had already had a positive impact for those receiving support as well as the Trust itself.

Although due to recommence in the near future, Members were disappointed that the intended SBC actions for this recommendation had been, albeit understandably, halted due to COVID-19.

- Recommendation 3 (Local NHS Trusts develop relationships with Eastern Ravens in order to strengthen the identification, inclusion and support of young carers in the discharge process): STHFT referenced their ward accreditation system which required staff to ask those coming into hospital about any potential caring responsibilities (including young people). There were also a number of volunteers within the Trust who link-in with families / carers. The Committee requested more specific information from STHFT regarding young carers when the next progress update was required.

- Recommendation 4 (Local NHS Trusts make clear to patients and their families / carers whether (and by when) they will receive a follow-up after being discharged, and, for those not requiring immediate health and / or care input, provide appropriate information on who to contact if any significant issues are identified on return home and / or for future post-discharge support (i.e. GP, Community Hub, VCSE links, etc.)): NTHFT continued to signpost discharged patients to the Integrated Single Point of Access (ISPA) and provided specific advice dependent upon an individual's clinical need.

TEWV noted their dedicated band 6 Nurse who works within the ISPA.

- Recommendation 5 (Local NHS Trusts / Healthwatch Stockton-on-Tees provide the Committee with any available discharge-specific feedback from patients / families / carers in relation to those discharged back to their own homes): The NTHFT Transfer of Care Forum included representation from the Trust's key partners as well as hospital-users. The Hospital User Group (HUG) sits within the Patient Experience Team and supports this Forum.

STHFT noted the positive feedback around its Home First Service (providing care up to five days post-discharge) and was also piloting an initiative where medication was taken out to an individual's own home. Members praised such approaches which helped make people feel that care (where required) was ongoing even beyond discharge.

- Recommendation 6 (Local NHS Trusts ensure that the identification of any transport requirements enabling subsequent discharge is a key part of all initial and subsequent patient assessments, and, where necessary, is supported when an individual can be transferred out of hospital): The Committee commended NTHFT on their significant improvement in timely discharges, though highlighted the need for differentiation around where outpatients were being sent to avoid any potential confusion.

In response to a query on the mechanisms used to identify any potential transport-related issues, TEWV stated that such a question was included on the Friends and Family questionnaire. The Trust would transfer a patient using private taxis if required.

- Recommendation 7 (A future update on the NTHFT 'Home But Not Alone' pilot (due to re-start in June 2021) and the Five Lamps 'Home from Hospital' initiative be provided to the Committee, including feedback from those individuals the initiative has supported): STHFT added that it was exploring the NTHFT pilot scheme in addition to its existing post-discharge service.

Five Lamps referred the Committee to the Home from Hospital report embedded within the progress update document which included many positive personal stories (some of whom had been shielding during the COVID-19 pandemic) on the support provided as part of this initiative. Lottery funding for the existing provision ceases in June 2022, and a request for future funds has been submitted to SBC.

Prior to the conclusion of this agenda item, NTHFT were asked about reports of a recently discharged patient who was having to use public transport daily to get dressings from a pharmacy and then take them to their GP to get them applied. The Trust requested further details so this could be investigated as part of the management of district nursing services.

The Committee Chair thanked all contributors for their update information, and it was subsequently agreed that a further update on outstanding actions should be presented to the Committee in approximately six months.

AGREED that the Progress Update be noted and the assessment for progress be confirmed.

Prior to the consideration of the scope and project plan for the Committee's next in-depth scrutiny review regarding Care at Home, a background briefing was provided by the SBC Strategic Procurement and Governance Manager in relation to the following key aspects involving this scrutiny topic:

- Definition of 'Care at Home'
- Purpose of Care at Home services
- Legislation
- Access to Services
- Care at Home Market
- The Council's Framework Agreement (the Contract)

In terms of the examples of personal care tasks listed, Members drew attention to the importance of also including the potential need to assist individuals with spectacles and hearing-aids. Ensuring staff had the ability to support people who require these essential items was vital, yet could easily be overlooked.

Discussion ensued around the three routes that people usually go through in order to access such services. Queries were raised on the potential barriers around the requirement for a Social Worker to be allocated (so an assessment could be undertaken to determine need), and the possible costs to an individual who arranges care through a private arrangement. Regarding the former, the Committee heard that an allocated Social Care Officer not only carries-out the Care Act assessment, but also creates a support plan and manages this. For the latter, if an individual has sufficient funds, the Council will still organise their care (with the individual subsequently charged) unless they choose to take a direct payment and arrange this themselves or via an employed 'personal assistant'. It was also noted that the costs of care were significantly more when sourced privately than going through SBC, and that a change in need over time could see a person receiving payments instead of having to fund care themselves.

The Cabinet Member for Adult Social Care (also present at this meeting) expressed pride in the Borough's existing Care at Home services and noted the positive feedback previously received in relation to local provision. The issue of dental care was also highlighted, with a past investigation revealing problems in getting the required equipment into a person's home.

Consideration was then given to the draft scope and project plan for the Scrutiny Review of Care at Home. Focusing on provision for adults only, the key aims of this review would be to:

- Understand the Care at Home system (regulations, promotion of, access to, funding / costs to the individual (inc. use of direct payments), Council involvement).
- Understand how the Council contracts for Care at Home.
- Assess existing quality of provision of the Council's contracted providers (CQC feedback, PAMMS inspections and ratings, responsiveness of services, ability of providers to pick-up new and complex packages of care, feedback from those accessing services, etc.) and evaluate value-for- money (inc. benefits / challenges of providing services in-house).
- Ascertain the impact of the COVID-19 pandemic (e.g. changes in service

delivery, costs, staffing, recruitment / retention (inc. how the proposed SBC Care Academy will aid this), ensuring business continuity).

- Establish priorities for the future in terms of this type of service to ensure continued good quality provision which is available in the right place at the right time.

Four main contributors had been identified for this work, namely SBC (including Strategic Procurement, Quality Assurance and Compliance, OneCall (Assistive Technology), and Integrated Strategy and Development), Care at Home providers, people accessing services (which should also ascertain views from families / carers of these individuals), and the Care Quality Commission (CQC). It was also suggested that Skills for Care be contacted with regards training / development / support for staff working in this domain.

Reflecting on the review's stated key lines of enquiry, two additional factors for consideration were proposed. The first related to possible links between an individual's care experiences and their healthcare needs (including any differences between those requiring long-term versus short-term care); the second was around identifying and addressing any issues of loneliness.

AGREED that the draft scope and project plan of the Care at Home review be approved.

**ASH
86/21**

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: The last meeting took place on the 18th March 2022 and featured TEWVs response to their recent CQC inspection (published in December 2021), a North East Ambulance Service (NEAS) performance update, and a Tees Valley Clinical Commissioning Group (TVCCG) update on the development of the North East and North Cumbria Integrated Care System (NENC ICS), the Integrated Care Board (ICB) and the proposed sub-regional Integrated Care Partnership's (ICPs). Opioid prescribing rates across the Tees Valley (and actions taken to reduce overprescribing) were also discussed, and the Committee received an update on the previously completed Learning Disabilities Respite / Short Breaks review.

As part of the well-established rotational arrangements, Darlington Borough Council will be chairing and supporting the Committee during 2022-2023 (it was noted that, as things stand, SBC will assume this role in 2023-2024).

- Sustainability and Transformation Plan Joint Health Scrutiny Committee: Last month, Durham County Council issued correspondence regarding this Joint Committee. Noting challenges brought on by the COVID-19 pandemic and changes in leadership at Durham, it was intended to arrange a meeting soon after the current 2022 elections purdah period where Joint Committee representatives can meet with the North East and North Cumbria (NENC) Integrated Care Board (ICB) Chief Executive (designate), Samantha Allen, to

receive information on progress ahead of ICSs assuming a statutory footing as of the 1st July 2022.

- Tees Valley Health Summit: On the 31st March 2022, a Tees Valley Health Summit was held with a focus on working together to improve health and reduce health inequalities for people who live and / or work in the Tees Valley. Members and officers from SBC were in attendance, and a copy of the presentation slides used at the summit will be circulated once received.

AGREED that the Regional Health Scrutiny Update report be noted.

**ASH
87/21** **Scrutiny Review of Day Opportunities for Adults**

Consideration was given to the draft final report and recommendations for the Scrutiny Review of Day Opportunities for Adults.

Reflecting on the review, Members discussed the balance between providing what was an essential service and the costs involved in such provision (as outlined at paragraph 4.14 of the Committee's report). When considering value-for-money, it was noted that, whilst fewer individuals were accessing services in the same way as they did prior to the COVID-19 pandemic, support was more than just building-based, as had been demonstrated during the review through the adapted remote offer. Indeed, the Cabinet Member for Adult Social Care commended officers for finding ways to continue providing services since COVID-19 emerged.

Referencing recommendation 8, Members were encouraged by the stated willingness of existing day services to share best practice, and also urged engagement with Further Education colleges regarding links to employment opportunities. For recommendation 3, the Cabinet Member for Adult Social Care informed the Committee that this joint-working concept was already being progressed, with meetings held between senior staff in both the SBC Adults and Health and Children's Services directorates.

AGREED that the final report be approved for submission to Cabinet.

**ASH
88/21** **Work Programme 2022-2023**

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

The next meeting was scheduled for the 10th May 2022 where the first evidence-gathering session for the Care at Home review would take place. Also on the agenda would be the first progress update on the agreed actions in relation to the recommendations from the previously completed Multi-Agency Support to Care Homes during the COVID-19 Pandemic (Task & Finish) review, as well as the latest Care Quality Commission (CQC) quarterly update (Q4 2021-2022).

AGREED that the Adult Social Care and Health Select Committee Work Programme 2022-2023 be noted.

**ASH
89/21** **Chair's Update**

The Chair had no further updates.