

Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 10th May, 2022.

Present: Cllr Evaline Cunningham (Chair), Cllr Clare Gamble, Cllr Ray Godwin, Cllr Lynn Hall, Cllr Mohammed Javed, Cllr Paul Weston, Cllr Julia Whitehill (sub for Cllr Steve Matthews)

Officers: Emma Champley, Angela Connor (A&H); Martin Skipsey, Darren Boyd, Gary Woods (CS)

Also in attendance: Colin Wilkinson (Healthwatch Stockton-on-Tees)

Apologies: Cllr Jacky Bright, Cllr Luke Frost, Cllr Steve Matthews

ASH 90/21 Evacuation Procedures

The evacuation procedure was noted.

ASH 91/21 Declarations of Interest

There were no interests declared.

ASH 92/21 Minutes of the meeting held on 12 April 2022 - to follow

Consideration was given to the minutes from the Committee meeting held on the 12th April 2022.

AGREED that the minutes of the meeting on the 12th April 2022 be approved as a correct record and signed by the Chair.

ASH 93/21 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 Multi-Agency Support to Care Homes during the COVID-19 Pandemic (Task & Finish). This was the first update following the Committee's agreement of the Action Plan in December 2021, and the following comments / queries were raised in relation to the stated progress:

- Recommendation 1 (Further to existing arrangements already in place regarding engagement with service-users and their loved ones, any current and future multi-agency professional group that is convened to support care homes ensures that the voice of residents and their families / carers is clearly articulated (whether through direct representation or via another appropriate mechanism). This should continue to include:):
 - o How care home providers gain information and feedback from clients and their families: The example questions included within the update demonstrate that providers are assessed on their level of engagement with clients and their families as part of the PAMMS process, and show that the Council are following-up on this to ensure evidence of appropriate outcomes. The current (and previous) 'Care Home Contract' requires providers to continually seek feedback and act on it.

o How the Care Quality Commission (CQC) gains information and feedback from clients and their families: The CQC use both reactive (dedicated and confidential reporting routes for concerns / compliments) and proactive (engagement as part of their inspection programme) approaches to gather and act upon client and family information.

o How Social Workers and other Adult Social Care professionals gain information, views and feedback in their assessments / ongoing contact / reviews: The completion of all Care Act assessments and any subsequent reviews are conducted on a face-to-face basis, though it is the client (if they have capacity) who decides if they want their family to be involved. Importantly, it is the client / family who chooses the care home, a key pillar of the required person-centred approach.

o How the safeguarding teams gain information and feedback: When a s42 enquiry commences, the client is visited to assert their views (it was noted that such face-to-face contact continued all throughout the COVID pandemic). All safeguarding staff work to the principles of 'making safeguarding personal' (MSP), which is ensuring that the person is asked what they want to happen, with the Social Worker then working with them to help achieve this. When a safeguarding enquiry is closed, the manager ensures that the outcome is in-line with what the client wanted to happen. Random audits are completed by the manager / senior manager to demonstrate that MSP is embedded.

- Recommendation 2 (Mindful of potential developments in vaccination requirements for the care sector as a whole, efforts continue by SBC and its partners to reachout to those staff who remain reluctant to receive a COVID-19 vaccination): Though mandatory vaccination is no longer required, staff who work within care homes are still eligible to access the first and second vaccine, as well as the booster (this includes new members of staff working within care homes) – the latest data shows that 98% of the Borough's care home staff are vaccinated (93% of agency staff). The NHS and SBC are continuing to encourage vaccination via the provider forums held with care homes. Newsletters to care homes contain information regarding vaccination and vaccination staff have offered access to local walk-in clinics.

- Recommendation 3 (The Care Home Protection Group continues on a permanent basis): This group remains in place, attendance continues to be good, and its Terms of Reference are being reviewed in order to broaden the scope of its work.

The Committee thanked officers for the update and, with regards the CQC, asked if there had been any follow-up around care home death data and the recent High Court judgement that the discharging of untested COVID patients from hospitals into care homes in the early stages of the pandemic was unlawful. It was stated that the data provided as part of this review would not have changed since it was submitted, and that evidence previously considered demonstrated that COVID outbreaks within the Borough's care homes were a result of community transmission as opposed to being brought in from hospital. The SBC Adult Social Care team continues to monitor all discharges from hospital, linking-in with the SBC Procurement and Governance service as well as the Council's Public Health department.

AGREED that:

- 1) the progress update be noted and the assessments for progress be confirmed.
- 2) a further update regarding outstanding actions be provided in late-2022 / early-2023.

**ASH
94/21**

PAMMS Annual Report (Care Homes) - 2021-2022

Introduced by the SBC Assistant Director – Procurement and Governance, and supported by the SBC Quality Assurance and Compliance Manager, the Committee was presented with the inaugural Provider Assessment and Market Management Solutions (PAMMS) Annual Report (Care Homes) for the 2021-2022 municipal year.

As Members were already familiar with, PAMMS is an online assessment tool developed in collaboration with Association of Directors of Adult Social Services (ADASS) East and regional Local Authorities. It was designed to assist users in assessing the quality of care delivered by providers. The assessment was a requirement of the Framework Agreement (the Contract) with providers, and they were contractually obliged to engage with the process.

A key component within SBCs Quality Assurance Strategy for CQC Regulated Adult Services, the lengthy and thorough PAMMS assessment consists of a series of questions over a number of domains and quality standards that forms a risk-based scoring system to ensure equality of approach. The domains are:

- Assessment, Care Planning & Review
- Service User Experience
- Staff Knowledge & Understanding
- Staff Training & Recruitment
- Environment, Equipment & General Safety
- Leadership, Quality Assurance & Management

A summary of assessments for contracted care homes undertaken by the SBC Quality Assurance and Compliance (QuAC) Team throughout 2021-2022 indicated that, of 39 services (note: some care homes provide more than one service within their setting), one was rated 'Excellent', 32 were rated 'Good', and six were rated 'Requires Improvement'. The aim was for all provision to be rated at least 'Good', and Woodside Grange's rating of 'Excellent' for its learning disability service was a big achievement as this is not easily attained.

Key themes from assessments that scored an 'Excellent' or 'Good' rating were provided – these included:

- Comprehensive, clear and concise care plans with personalised detail.
- Staff offered residents choice (including in relation to food) and promoted independence.
- Well-managed medication, with consent checked before being given.
- Residents and their families provided positive feedback.
- Evidence of a varied activity programme, tailored to individuals and groups (it

was acknowledged that the COVID pandemic had impacted this).

Similarly, key themes arising from those assessments that scored 'Requires Improvement' indicated that:

- Staff recruitment records were not complete, including gaps in previous employment and missing DBS checks.
- Management of medicines were not observed to be in good order, including staff not checking consent with residents.
- There were areas where infection, prevention and control (IPC) procedures were not observed, PPE was not being worn as per guidance, and waste was not disposed of correctly (QuAC officers challenge this when found and bring it to the attention of the service manager).
- The care home's décor needed investment to stop it looking tired.
- Some shortfalls were identified in relation to the provider's contractual compliance regarding staff induction, supervision and training (aspects which may well have been impacted by the COVID pandemic as existing development programmes were interrupted).

Following a PAMMS Assessment, an Action Plan is developed highlighting those areas identified that need an improvement in quality / compliance to ensure they are being delivered to a 'Good' standard. The Action Plans are monitored regularly by the responsible QuAC officer for progress and will only be signed-off as compliant and complete when all identified areas demonstrate and evidence the required level of quality and service delivery.

Assessments are shared with the Care Quality Commission (CQC) to help inform their own intelligence gathering, and key themes are also shared with the Council's Transformation Managers and Public Health so they can use the evidence to design projects and further interventions to support all care homes improve quality of care. The PAMMS ratings are provided to Social Workers who can share with families searching for a care home so they can access up-to-date information about the Council's view of quality. SBC was looking to see how the PAMMS ratings could be applied to the Stockton Information Directory (SID) linked to the Council's main website, and a new PAMMS assessment programme was currently being finalised for 2022-2023.

Welcoming the introduction of this new report and its very positive content, the Committee was pleased to see that the PAMMS findings were shared with the CQC and asked if other Local Authorities utilise this tool. It was stated that most Councils have some form of quality assurance mechanism, though not all buy-in PAMMS like SBC do. In the future, the Council would like to benchmark itself against other Local Authorities who use the tool.

Members queried the amount of notice a service was given prior to a PAMMS assessment being undertaken. Officers replied that providers were notified around two weeks before an inspection – this was considered an appropriate timeframe which was unlikely to give a false impression of actual performance. In terms of the assessments themselves, it was noted that the findings relate to a point-in-time, and that a situation can quickly change (for the better or for the worse) – as such, it was important that the Council kept on top of the inspection programme.

In response to a question around revisiting those services rated 'Requires Improvement', the Committee was informed that the timelines would depend on the size and content of any subsequently agreed Action Plan. Providers would not, however, undergo a full PAMMS reassessment until the next municipal year.

With reference to the identified medication themes which had emerged from previous assessments, the Committee commended the stated SBC intention to work with the NHS North of England Commissioning Support (NECS) Medicines Optimisation Team to strengthen medication handling and documentation, particularly since the latter was often raised as an issue for providers following CQC inspections. It was also hoped that GPs would become increasingly visible within care homes following the restrictions brought about by COVID, and that reported issues with relatives being removed from electronic systems when a resident moved locations could be followed-up.

Attention was drawn to the theme of incomplete staff recruitment records, with Members querying whether concerns involved staff working without a Disclosure and Barring Service (DBS) check or administrative issues by the providers themselves. Officers confirmed that cases pertaining to both of these situations had been identified, though the former was a very minor occurrence which usually surrounded the use of temporary staff at short-notice. Members highlighted the need for adequate risk assessments to be in place at all times, and it was emphasised that anyone giving personal care had to have a DBS check prior to going into a care home.

Returning to the issue of medication management, the new guidelines around safe prescribing were noted, something which was worth discussing as part of the future engagement with the NECS Medicines Optimisation Team, who were already involved in deep-dive audit work within care homes and who were looking at accompanying the SBC QuAC officers when PAMMS assessments were being undertaken.

AGREED that the PAMMS Annual Report (Care Homes) - 2021-2022 be noted.

ASH 95/21 Care Quality Commission (CQC) Inspection Results - Quarterly Summary (Q4 2021-2022)

Cllr Mohammed Javed wished it to be recorded for transparency purposes only that he had a family member who worked at Northern Circumcision Clinic – Billingham.

The SBC Quality Assurance and Compliance Manager presented the latest quarterly summary regarding CQC inspections within the Borough. Nine inspection reports were published during this period (January to March 2022 (inclusive)), and specific attention was drawn to the following:

- Piper Court: An inspection focusing on the key questions of 'Safe' and 'Well-Led' was undertaken in November 2021 (published in January 2022) which saw the provider's rating for these domains, and overall, being upgraded from 'Inadequate' to 'Requires Improvement'. However, whilst there was some evidence of improved practice, the service was still in breach of regulation 12 (safe care and treatment) as medicines were not always managed safely and

medicines policies and procedures were not always followed. A new manager was now in post.

- CQC Focused Inspections (Infection, Prevention and Control (IPC)): There had been six such inspections published during the quarter, all of which gave full assurance that appropriate IPC management was in place.

An overview of the PAMMS Assessment Reports section (Appendix 2) was then provided – this contained 13 inspection outcomes that had been published during the January to March 2022 period. Whilst all services were rated at least ‘Good’ overall, improvements were required around the ‘Suitability of Staffing’ category for Millbeck Care Home (shortfalls in recruitment records and completion of robust inductions), Mencap – Teesside Domiciliary Care Agency (insufficient staff to cover all shifts and irregular supervisions), and Alexandra House (incomplete records and training compliance). Meanwhile, Woodside Grange Care Home (Older People’s service only) needed to improve the level of personalised care / support it offered, and Edwardian was required to strengthen its care plans and risk assessments.

The significant improvements by both Mandale House and Piper Court were highlighted, both of which had seen their overall PAMMS ratings improve from ‘Requires Improvement’ to ‘Good’ since their previous assessment. The latter’s inspection came after their most recent visit from the CQC which had identified some continuing concerns (see above) – it was therefore encouraging that steps has been taken to address the issues raised, and it was noted that the NECS Medicines Optimisation Team were currently supporting the manager to improve their systems and medication management. Special mention was given to Woodside Grange Care Home – Chestnut Suite (Learning Disabilities) for achieving a rare ‘Excellent’ rating overall.

The Committee once again welcomed the detail within the PAMMS assessment reports (a stark contrast to the limited content contained within the CQC focused inspection feedback) and commented that, as well as providing assurance for Members, they also benefitted providers (management and staff) too as they could see that their hard work was being recognised. The faster availability of these reports following an inspection (making them more current and therefore relevant) compared to the CQC publication timelines was also highlighted, and Members were encouraged that both the CQC and PAMMS inspections had the ability to identify any issues and influence action which, in turn, had resulted in a more positive subsequent report from either the regulator or the Council.

AGREED that the Care Quality Commission (CQC) Inspection Results – Quarterly Summary (Q4 2021-2022) report be noted.

**ASH
96/21**

Scrutiny Review of Care at Home

Cllr Mohammed Javed wished it to be recorded for transparency purposes only that he had a family member who worked at a Care at Home provider covering Thornaby and Middlesbrough.

Following the Committee’s approval of the scope and plan for the Care at Home review (preceded by the consideration of a background briefing in relation to this scrutiny topic) at the last meeting in April 2022, this first evidence-gathering

session involved a submission from Stockton-on-Tees Borough Council's (SBC) Procurement and Governance service. Led by the SBC Assistant Director – Procurement and Governance, a presentation addressing several key lines of enquiry outlined the following:

- **Background:** The Council's strategy was to keep people in their own home for as long as possible via the contracting of good quality and responsive services for those who needed them. In the past, there had been three dominant providers operating across the Borough – however, concerns around performance levels and staff travel time (placing pressure on quality, rostering and responsiveness) led to a review of the contracting model in 2017. Three elements to a new approach were thus established – a new Care at Home Framework Agreement (Standard, Enhanced and Complex), a Discharge 2 Assess and Rapid Response Service (as well as the use of the SBC Reablement team), and Brokerage.

- **Care at Home Framework Agreement Model – Standard:** Received by the majority of individuals accessing Care at Home services, this is a five-year contract (with two optional 12-month extensions) which requires services to provide 10,350 hours of standard homecare (personal care and domestic support) a week. The Borough is split into five geographical zones, each with two geographical areas (mapped to Wards) that have a primary and secondary provider with exclusivity to any new referrals / packages that arise within their patch. The primary provider of any area is automatically the secondary provider of the other area in the zone, and vice-versa.

The aim here is to create concentrations of providers in tight geographic areas with resilience (primary and secondary). There is a maximum of three primary areas that any one provider can cover to prevent over-dominance, and 'spot providers' can be utilised for further back-up where required.

- **Care at Home Framework Agreement Model – Enhanced:** This five-year contract (with two optional 12-month extensions) is focused on the provision of care for individuals with a learning disability and requires services to provide 1,987 hours of enhanced homecare (personal care and domestic support) a week. For this level, the Borough is split into two geographical zones (north and south), with each zone containing a primary and secondary provider with exclusivity to any new referrals / packages that arise within their patch. As for the 'standard' level, the primary provider of one zone is automatically the secondary provider of the other zone (and vice-versa), and 'spot providers' can be utilised for further back-up where required.

- **Care at Home Framework Agreement Model – Complex:** Aimed at those individuals with challenging behaviours and multiple complex issues, this five-year contract (with two optional 12-month extensions) requires services to provide 965 hours of complex homecare (personal care and domestic support) a week. There are no geographical zones for this level of care, rather a list of providers covering the whole Borough.

- **Care at Home Framework Agreement Tender:** Following the 2017 review, a tender went out in early-2018 for the three lots – 'standard', 'enhanced' and 'complex'. The Council set different hourly rates (with a clear uplift mechanism) depending on the zone / area, with 'standard' and 'enhanced' zones / areas

allocated from north to south. Providers were allowed to bid for any zone / area, though 'standard' bidders had to identify carer hourly pay rates and received scores as part of tender evaluation to incentivise higher pay (it was recognised that happy, well-paid carers provide better care). All successful bidders (subsequently listed within the presentation) were placed on the framework agreement.

Primary and secondary providers in one zone / area are able to work in other locations as 'spot providers', though do not benefit from exclusivity when operating in the guise of the latter. Two additional organisations were used as 'spot providers' when required (one was on the framework agreement as extra back-up, the other not), and one provider had been removed from the framework agreement as, despite assurances, it soon became apparent that they could not deliver appropriate care (even when supported by the Council) – having this power was an important tool in holding providers to account for their performance.

- Discharge 2 Assess and Rapid Response Block Contracts: Currently provided by one organisation in the north of the Borough and another in the south, this contract is for 160 hours a week (1.5 full-time equivalent posts from 7.00am to 10.00pm – this can be flexed) and is aimed at individuals discharged from hospital who are awaiting a Care Act assessment (Discharge 2 Assess – maximum of 14 days), or when a primary or secondary provider cannot accept a referral (Rapid Response – maximum of 14 days while the primary or secondary provider mobilises / re-rosters).

- Brokerage: Involves the arrangement of Rapid Response and the monitoring of primary or secondary provider mobilisation during the 14-day period, as well as the brokering of difficult packages and use of 'spot providers' if necessary. Can also include access to SBC Reablement who help in certain circumstances.

- Contract Management: SBC manages contracts through three distinct levels. The first strand involves the Council seeking 'intelligence' in both proactive (through PAMMS assessments, contract visits / calls and key performance indicators) and reactive (concerns raised by professionals (e.g Social Workers), stakeholder (including Elected Member) feedback, regulatory information and any other mechanisms) ways.

The second strand utilises a Quality Assurance Dashboard (QUAD) as part of a 'monitor and review' process which is informed by the evidence received through the various intelligence-gathering routes. Information is reviewed on a monthly basis, with providers then RAG-rated (the third strand) to determine the level of 'action' required. Each of the three RAG levels has a defined set of actions, with level 2 (amber) necessitating more frequent contact with an organisation to address identified issues, and level 3 (red) leading to a more intense period of enhanced monitoring / proactive intervention (this can include a provider being escalated to the 'Responding to Serious Concerns' process).

Supplementing the presentation, a spreadsheet summarising various strands of intelligence gathered by the Council in relation to existing Care at Home providers was tabled. This included numbers of 'significant events' (safeguarding alerts, incidents / concerns, formal complaints, and outbreaks), CQC inspection ratings and whether enforcement action was required, PAMMS

ratings (including, where necessary, Action Plan status), the number of contractual visits undertaken, any embargos, and the current quality assurance and compliance level. Each service was RAG-rated for the last three months and a brief update covering all criteria and intelligence (including a rationale for the RAG-rating) was included.

- Current CQC / PAMMS Ratings: All providers of Care at Home services across the Borough were currently rated as 'Good' overall by the CQC, bar one (which was rated 'Requires Improvement' and was only supporting one individual). However, it was noted that a number of the CQC reports were undertaken prior to the emergence of COVID-19 and were therefore quite dated.

All 'standard' providers had been inspected using the PAMMS tool (five rated 'Good'; two rated 'Requires Improvement'), though only one of the 'enhanced' and 'complex' providers had been assessed – the Council was currently finalising the PAMMS inspection programme for 2022-2023.

- Hourly Rates: SBC paid varying hourly rates for the three different Care at Home lots – 'Standard' was an average of £17.28 (range of £16.63 to £18.36), 'Enhanced' was an average of £16.65 (range of £16.55 to £16.69), and 'Complex' was an average of £18.59 (range of £18.08 to £18.76). The combined 'Enhanced' and 'Complex' average (used as a measure by other Local Authorities) was £17.97 per hour.

An included graphic compared SBCs hourly rate payments to other Councils across the north of England. The amount paid by SBC for 'Standard' services (£17.28) was the same as the mean average across the 13 Local Authorities listed, with the combined 'Enhanced' and 'Complex' payments (£17.97) slightly above the average. Caution was urged when comparing this data as contracts can contain different requirements in different Local Authorities, therefore an understanding of what is included within a contract would be essential to get a fair comparison on costs.

- Impact of COVID-19: Care at Home services had been significantly impacted by the COVID pandemic in several ways. Guidance and support for providers (including a small number of private operators) was given by the Council throughout, with the Quality Assurance and Compliance (QuAC) Team initiating daily calls in the initial stages which were steadily scaled-back in time. Ensuring access to personal protective equipment (PPE) and assistance with infection prevention and control (IPC) was essential (services were signposted to Public Health when required), and grant funding of £2.5m was distributed to support IPC and access to COVID tests and vaccines (providers were required to account for any spend – another task whilst trying to maintain the delivery of care).

From a provider perspective, there was a general feeling that Care at Home services had been ignored when compared with the widespread attention on care homes and the NHS. Like most organisations, increases in staff absences (which became worse when social restrictions were lifted and the Omicron variant emerged in late-2021) and added costs as a result of having to operate in different ways created pressure on the sector. Although providers had lost a small number of staff, their workforce had shown a great deal of resilience and

had continued to deliver a vital service throughout the pandemic (though staff burn-out was becoming more evident when the Omicron variant took hold). In terms of vaccinations, there had been a good success rate for staff locally, aided by the Council setting-up access to a booking system for providers in early-2021.

An included graphic showed service-user responses to a SBC survey (undertaken in autumn 2021) on the impact of COVID. The majority (73.3%) stated there had been no change to the support they received from their Care at Home provider, with 4.6% receiving more support from their service because family / friends were not able to give the care and support they usually did.

- **Current Issues:** There are a number of issues currently faced by both the Council and Care at Home providers, principally due to staff recruitment and retention difficulties which are impacting upon capacity and the ability of services to accept new packages (the SBC Assistant Director – Adult Social Care was presently liaising with the brokerage team on a daily basis regarding unallocated cases). Some staff had moved across to higher paid jobs in other industries (though this was not unique to the Borough), and there were also concerns around staff welfare and resilience (burn-out) as a result of the pressures brought-on by the COVID pandemic. In other COVID-related matters, potential future costs for PPE (currently accessible free-of-charge through the national portal until 2023) and other IPC adherence were highlighted, though the recent easing of the requirements for staff to test and isolate (if COVID-positive) was likely to alleviate previous rostering issues when staff were unable to enter a person's home.

In more general matters, the increasing size and complexity of packages (e.g. more than one carer needing to support an individual at the same time) were placing further strain on capacity, and there was a need to manage public expectations (e.g. carers may occasionally arrive later than scheduled) in the face of such pressures. Officers acknowledged that some geographical areas were not working as well as they should, and also drew attention to increasing fuel and other inflationary costs as a result of national / international developments.

In response to a query on the SBC contract management procedures, officers gave assurance that any serious concerns raised about a provider would be addressed at the earliest opportunity and would not have to wait until the next scheduled monthly review. It was also stated that family / friends were encouraged to speak directly to a provider regarding any concerns in the first instance, and then to the relevant Social Worker involved with the individual using the service (who may then pass details onto the SBC Safeguarding Team or the SBC Quality Assurance and Compliance Team as appropriate).

Members commended the incentivisation of providers to pay staff higher wages, though felt that this was against the backdrop of a massively underfunded industry which needed an overhaul. In response to a query around minimum remuneration rates, officers confirmed that providers were expected to pay staff at least the national living wage (not the real living wage, though organisations were moving towards / above this anyway). Discussion then turned to the hourly rates paid by the Council to Care at Home providers, and whether this was enough to cover their own substantial costs. It was acknowledged that

such services have a number of cost pressures (staffing being the most significant) including uniform / equipment, back-office support and insurance, and that operating in this industry was certainly a challenge.

A question was raised around any unwillingness of the local workforce to receive a COVID vaccination. Officers reminded Members that, unlike those working within care homes, it was never a condition of employment that Care at Home staff had to be vaccinated, and that although the Council did ask providers about vaccination take-up, a record was not kept, nor was there any identified risk of a significant staff exodus.

The process around how providers were RAG-rated was probed. Several factors (e.g. CQC / PAMMS ratings, COVID impact / concerns, recruitment / retention) were taken into account (alongside input from the relevant QuAC officer who works closely with the provider) and discussed at the monthly 'monitor and review' meetings. The issue of 'risk' ultimately influenced ratings, though the determination of a score was more of an art rather than a science.

Members were interested to know the main themes from the 'Other' (11%) responses given to the SBC survey by those using services regarding the impact of COVID on the support they usually received – officers would follow this up after the meeting.

Referencing previous reviews of the local Care at Home market and the changes made to contracting arrangements, the Committee felt that sensitivity was needed around future planning so that good quality staff were not lost from these much-valued services. It was also important to consider progression routes for care staff which would reinforce the notion that this sector was a viable career option rather than one to experience and then move away from. Officers stated that any time when contracts were in the process of changing was challenging (e.g. another provider inheriting a workforce from a previous organisation), and that the aim was to minimise disruption and ensure care was maintained.

Members asked if there were any identified pressures arising in any specific geographical locations within the Borough and were informed that it was in the southern areas where issues usually presented (though these can also happen periodically elsewhere). In terms of capacity, the Council was aware of seven individuals currently awaiting Care at Home services within the Borough – some of these were already in a care setting and were waiting to come out; others required a change of package.

Attention was drawn to individual providers of Care at Home services, as well as personal assistants (PAs) employed via direct payments. All PAs were registered with the Council and were supported via newsletters and through existing self-help groups.

In response to a question on the process around PAMMS assessments within an individual's own home, the Committee heard that residents were always asked for their permission before an inspector enters their house. Questions were put to the person receiving support, but any personal care considered 'intrusive' was not observed.

Members asked whether those using Care at Home services were made aware of how they could complain / raise concerns if they felt standards were not being met. It was reported that Social Workers reinforce such mechanisms via regular reviews with an individual, and that providers were expected to provide information regarding complaint routes.

Finally, assurance was sought around how the Council and those using services could be confident that Care at Home staff were adhering to any PPE requirements – an important safeguarding issue since care is often being given to vulnerable individuals. The Council continued to educate providers on their duties around PPE via provider forums, newsletters, operational groups and Public Health input, and QuAC officers also make observations (though are clearly not present all the time). Services were expected to undertake audits / shadowing to ensure carers were doing the right thing, though policing this requirement from the Council's perspective was recognised to be difficult.

AGREED that:

- 1) the information be noted;
- 2) the requested additional information in relation to the SBC survey for those using services regarding the impact of COVID be provided.

ASH 97/21 Minutes of the Health and Wellbeing Board

Consideration was given to the minutes of the Health and Wellbeing Board from the meetings in February and March 2022.

Members were reminded that regular Integrated Care System (ICS) updates were presented to the Board, and that the new ICS framework was due to assume a statutory footing from the 1st July 2022.

AGREED that the minutes of the Health and Wellbeing Board from the meetings in February and March 2022 be noted.

ASH 98/21 Work Programme 2022-2023

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

The next meeting was scheduled for the 14th June 2022 and items currently on that agenda included the next update on progress regarding outstanding actions from the previously completed Care Homes for Older People review, as well as the second evidence-gathering session for the ongoing Care at Home review. With the final report of the Committee's review of Day Opportunities for Adults being presented to Cabinet next week (19th May 2022), it was also envisaged that, assuming the recommendations were endorsed, a draft Action Plan would be presented for approval.

In related matters, it was noted that, following a presentation on their Quality Account 2021-2022 at the Committee meeting in March 2022, North Tees and Hartlepool NHS Foundation Trust (NTHFT) were yet to circulate the draft Quality Account document. Once this was received from NTHFT, it would be

forwarded to the Committee for information, and a third-party statement (to be included in the Trust's final version) would be drafted and circulated for comment.

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

**ASH
99/21**

Chair's Update

Further to the Committee's unanimous agreement in March 2022 to write a letter to the Secretary of State for Health and Social Care, and the Chief Executive of NHS England, to call for a public inquiry into the continued failings and lack of notable improvement of Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), the Chair confirmed that the letter had since been sent in early-April 2022. To date, no formal response had yet been received, though there had been some media coverage suggesting that Government officials would be replying in due course.