

Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 13th September, 2022.

Present: Cllr Evaline Cunningham (Chair), Cllr Clare Gamble, Cllr Lynn Hall, Cllr Mohammed Javed, Cllr Hilary Vickers (sub for Cllr Steve Matthews), Cllr Paul Weston

Officers: Angela Connor (A&H); Martin Skipsey, Jacqui Warrior, Laura Wilson, Gary Woods (CS)

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

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

ASH 9/22

Evacuation Procedure

The evacuation procedure was noted.

ASH 10/22

Declarations of Interest

There were no interests declared.

ASH 11/22

Minutes of the meeting held on 14 June 2022

Consideration was given to the minutes from the Committee meeting held on the 14th June 2022.

AGREED that the minutes of the meeting on the 14th June 2022 be approved as a correct record and signed by the Chair.

ASH 12/22

Scrutiny Review of Care at Home

The third evidence-gathering session for the review of Care at Home focused on the views of those people accessing local services, as well as their families and informal carers. Information from three separate routes was considered – 1) data and comments submitted to providers across the Borough following their engagement with service-users, 2) feedback from service-users obtained as part of Stockton-on-Tees Borough Council's (SBC) PAMMS assessments of local providers, and 3) responses to the Committee's own service-user / family / informal carer survey that was undertaken during July / August 2022.

PROVIDERS' ENGAGEMENT WITH THOSE ACCESSING SERVICES

Following the presentation of evidence by some of the Borough's Care at Home providers in June 2022, contracted services across Stockton-on-Tees were asked to demonstrate how they seek feedback from those accessing their offer (and their families / informal carers), and how this information was used to improve service delivery. Existing contracts state that service-user satisfaction surveys should be conducted by providers on an annual basis (though some may prefer to undertake these more regularly), and the Committee was furnished with a table which demonstrated the survey frequency for nine local providers along with some related comments.

An anonymised overview of feedback received as part of the latest provider

engagement with service-users was then outlined (note: in some instances, the data submitted covered a wider area than just Stockton-on-Tees). Where possible, feedback for each anonymised provider was split into three categories: headline data, comments (selected), and identified actions. Themes that appeared to be emerging included:

- Issues around communication – lack of clarity regarding visit times and changes to visits (times and staff attending); problems liaising with offices.
- Duration of visits (not long enough).
- Some unaware of how to raise a complaint / concern.
- Generally positive comments about the actual care received.

It was noted that survey formats were very different between local providers, and that different questions were being posed – this impacted upon the types of information available for scrutiny (e.g. some providers gave only percentages, therefore the actual numbers responding was not known). The Committee was also informed that this feedback had been formally sourced by providers, and that they also seek and act on informal feedback which is obtained on a regular basis during the delivery of their services.

Reflecting on the efficacy of surveys, Members recognised that response rates can be affected by how they are conducted (i.e. online and / or paper-based) and what is being asked. The Committee heard that, in the main, the formal seeking of service-user views was done using paper copies and that providers also tried to establish the thoughts of the individual's wider family, as well as their own staff, regarding their existing offer.

Acknowledging the significant cost to individuals for them to access such services, Members commented that there did not appear to be any recognition of value-for-money within the service-user feedback forwarded by providers. Indeed, it was noted that those accessing services may be reluctant to raise concerns for fear of adversely impacting future care provision, and that it may be better for the Council itself to seek views as an independent body. Having some form of consistent and structured questioning in relation to all providers may also help in assessing standards.

With regards to staffing, the Committee was encouraged by one provider's setting of a two-week rolling care staff rota to ensure consistency (provider 4) – this helped carers themselves know where they were required and gave the potential for more advanced notice to service-users on who would be visiting.

Discussion ensued around the reference to the removal of visit books (provider 5). Officers in attendance noted that a number of providers had moved the logging of visits to electronic systems that could be accessed by the wider family as well as the individual receiving care. The Committee cautioned against this being the only method of tracking contact as services were often accessed by an older demographic, many of whom also had older relatives, who may not be able and / or willing to utilise technology (apps) to monitor visits from providers. Ensuring tangible logs was also important as it allowed service-users themselves to document contact and any associated comments / concerns. To ascertain the ways in which visits across the Borough were presently documented, officers committed to following this up with local providers after this meeting.

SBC PAMMS ASSESSMENTS: FEEDBACK FROM SERVICE-USERS

SBC utilises the Provider Assessment and Market Management Solutions (PAMMS) tool, an online assessment designed to assist in evaluating the quality of care delivered by providers. As part of the PAMMS inspections, three questions in relation to service-user engagement were included:

- B03: Service-users confirm that they are encouraged to provide feedback about how the service might be improved, and confirm that they are listened to and their feedback is acted upon.
- F07: There is evidence that the provider has effective methods in place to obtain feedback from service-users, relatives and staff, and that feedback is listened to, acted upon appropriately, and people are kept informed of the outcome.
- F08: There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.

Officers from the SBC Quality Assurance and Compliance (QuAC) Team presented the most recent findings in relation to the above for seven local Care at Home providers, all of which had received a 'Good' rating for each question. It was reiterated that this information was collected direct from those accessing services, and that whilst provider staff were present when conducting inspections, SBC officers conducted post-visit follow-ups (without carers in attendance) to ensure individuals feel able to raise any issue they might have.

The QuAC Team had very good relationships with providers which had been strengthened during the COVID-19 pandemic, an occurrence which had forced organisations to consider and implement alternative ways of communicating with those accessing their service. Providers also had positive relationships with other SBC Adults and Health departments, including Care Management and the Safeguarding Team.

The Committee was encouraged by the positive findings from the PAMMS inspections, particularly comments regarding the proactive approaches to dealing with any issue / complaint in a timely fashion.

COMMITTEE SURVEY: SERVICE-USERS / FAMILIES / INFORMAL CARERS

To supplement (and compare against) information from providers, a simple Committee survey was devised for service-users and / or their families / informal carers to complete and return by Friday 26th August 2022. The survey was made available, and disseminated, through a variety of mediums, including the SBC website and social media platforms, Catalyst, Stockton & District Advice & Information Service (SDAIS), the Halcyon Centre, Eastern Ravens, and via the Borough's existing Care at Home providers.

A total of 23 completed surveys were received, four of which were from an individual receiving care, 16 from relatives of someone receiving care, and three from an informal carer of someone receiving care. Responses relating to their current (anonymised) provider for each of the survey's six questions were

outlined, along with the following comments briefly summarising the feedback:

- 1) Briefly describe what sort of support you / your relative receives from your current Care at Home provider and how much contact the service has with you / your relative each week: Only eight respondents had been with their current provider since before the COVID pandemic emerged in early-2020 (only four of these were using the main local providers). Wide range of support provided, from hardly any to full nursing care.
- 2) What do you like / value about the service you / your relative currently receives?: Service-Users: good care, social benefits; Relatives: provides much-needed respite, social benefits for loved one; Informal Carers: good care / professionalism.
- 3) What do you not like about the service you / your relative currently receives?: Service-Users: continuity of staff, communication of changes; Relatives: timing / length of visits, communication of visits and any changes, staffing continuity / ability; Informal Carers: ability to access services.
- 4) How often are you asked to provide feedback to your / your relatives Care at Home provider, and are you aware of how to make a complaint / raise a concern? If you have provided feedback / made a complaint / raised a concern in the past, has this been acted upon?: Mixed picture, with some prompted to provide views and aware of complaint processes, whilst others (particularly relatives / informal carers) had not been asked to give feedback and were unaware of how to raise concerns.
- 5) Has the level of service you / your relative receives changed as a result of the COVID-19 pandemic? Has this been for the better or the worse?: Service-Users: mainly no change, one experienced cancelled / shorter visits; Relatives: mixed – more comments regarding worse service; Informal Carers: no change (aside from PPE requirements).
- 6) What would you like to see change as a result of this review? How could your / your relatives current Care at Home provider make their service even better?: Service-Users: staff consistency, scheduling of rotas; Relatives: staff pay / training / support, consistency of staff, length of visits; Informal Carers: consistency of services, service scrutiny.

It was noted that several respondents were currently using a provider that was not on the core list outlined during the initial evidence-gathering session (indeed, one was a care home rather than a care at home service), and that two respondents were using a private provider.

The Committee expressed frustration that the survey had not elicited a greater number of responses which would have allowed for a better comparison with the information forwarded by providers – that said, Members felt that the themes identified from those that had been received seemed consistent with those arising through other forms of service-user feedback. Further to discussions on the preferred method of completing surveys, Members were informed that all 23 responses were received through the online link, and that no paper copies were submitted (despite being made available via providers and other agencies previously noted).

AGREED that:

- 1) the information be noted;
- 2) confirmation from local providers be sought around how visits to service-users are logged and how these are made available to families / informal carers.

ASH 13/22 Care Quality Commission (CQC) Inspection Results - Quarterly Summary (Q1 2022-2023)

Consideration was given to the latest quarterly summary regarding CQC inspections within the Borough. Nine inspection reports were published during this period (April to June 2022 (inclusive)), and specific attention was drawn to the following:

- Real Life Options – Darlington Road: Overall service downgraded from 'Good' to 'Requires Improvement' after an initial routine infection prevention and control (IPC) inspection which was then widened to focus on the 'Safe' and 'Well-Led' domains following the identification of concerns. Two breaches of regulations, with issues found regarding medication management, personal protective equipment (PPE) policy, and IPC processes. An Action Plan was developed immediately after the inspection and has now been completed.
- Beeches Care Home: All domains, and the overall service, had been downgraded from 'Good' to 'Requires Improvement'. Two breaches of regulations, with issues found regarding management turnover, compliance with medication guidance, food / drink provision, resident wellbeing checks, and overdue staff training. The SBC Quality Assurance and Compliance (QuAC) officer will support and monitor the provider to implement the actions to improve the service.
- Willow View Care Home: Service remained 'Requires Improvement' following a part-inspection that was prompted, in part, by notification of a safeguarding incident and to concerns received about the management and prevention of falls, nutrition, daily records, and staff training. Two breaches of regulations, with issues found in relation to medication management, PPE adherence, and record-keeping. A new registered manager was now in place and had been responsive to the inspection feedback – Action Plans had been devised and implemented to address concerns.
- Butterwick House: Overall service upgraded to 'Requires Improvement' (though rated 'Good' for the 'Effective', 'Caring', and 'Responsive' domains) following previously identified concerns which included breaches of regulations and led to a warning notice being issued and a notice of decision to impose conditions on the providers registration.
- The James Cook University Hospital: A responsive inspection (following concerns raised with the provider by system partners) focused on medical care (including older people's care) and surgery, with the overall service remaining as 'Requires Improvement'. Issues found regarding inadequate staff numbers, training compliance (including safeguarding), assessment of risk,

record-keeping, unsafe discharges, medication management, provision of adequate food / drink, respecting patients' privacy and dignity, and involving family in a patients' care.

Members remained puzzled as to why the CQC chose to focus on some and not all the domains during inspections, particularly regarding providers who were rated 'Requires Improvement' overall (as per Beeches and Willow View above). Contact would be made with the CQC to seek confirmation around what criteria is used to determine whether a provider receives a full or part / focused inspection.

The Committee was particularly disappointed with the findings of the latest report regarding The James Cook University Hospital, and expressed deep concern that fault had been identified in relation to several aspects of what could be deemed basic care. It was also noted that the service had been 'Requires Improvement' for some time now, and that assurance of a rapid response to the current situation was required. Members also noted that, whilst a number of shortfalls had been highlighted, staff compassion and kindness had also been evidenced – this could suggest a workforce that was overstretched.

Attention was then drawn to the PAMMS Assessment Reports section (Appendix 2) – this contained one inspection outcome that had been published during the April to June 2022 period (Members were reminded that most PAMMS reports for the previous year (2021-2022) were published in the last two quarters), and was in relation to Prioritising People's Lives Ltd (PPL) which had been rated 'Good' across all domains, and overall. As with all services, COVID-related pressures were evident, but the provider had been able to maintain a good standard of care.

AGREED that:

- 1) the Care Quality Commission (CQC) Inspection Results – Quarterly Summary (Q1 2022-2023) report be noted;
- 2) clarification be sought from the CQC regarding the criteria for determining if a full or part / focused inspection of a provider is undertaken.

**ASH
14/22** **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 Committee meeting (and first of the current municipal year) was held on the 8th June 2022 at Roseberry Park Hospital, Middlesbrough. Following a tour of the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) Secure Inpatient Service and the Adult Mental Health Urgent Care Service, the Committee reviewed its existing protocol and then considered the TEWV Quality Account 2021-2022 and an update in response to their CQC inspection published in December 2021.

- Sustainability and Transformation Plan Joint Health Scrutiny Committee: No further meeting details had been received regarding this Joint Committee since the correspondence issued by Durham County Council in March 2022.

Friday 1st July 2022 marked the launch of Integrated Care Systems (ICS) as statutory bodies around the UK. As a result, Clinical Commissioning Groups (CCGs) no longer exist. In related matters, the Health and Care Act, which introduces significant reforms to the organisation and delivery of health and care services in England, received Royal Assent in April 2022. The Centre for Governance and Scrutiny (CfGS) has provided a number of commentary pieces on these significant developments and their potential impact on health scrutiny, as well as contributing to key guidance. Links were included within the report, and Members were encouraged to familiarise themselves with the Department of Health and Social Care (DHSC): Health overview and scrutiny committee principles (Jul 22) document.

AGREED that the Regional Health Scrutiny Update report be noted.

ASH 15/22 **Minutes of the Health and Wellbeing Board**

Consideration was given to the minutes of the Health and Wellbeing Board from the meetings in April, May and June 2022.

- April 2022: Regarding the Stockton on Tees Better Care Fund Update item, Members referred to the number of people (1,150) who had received support from Rosedale Centre or Reablement Services – this was worth noting as Rosedale had been out of action during periods of the previous year. The involvement of a BCF-funded Community Matron in addressing issues around late admissions from hospital to Rosedale was also highlighted – this role was based within Rosedale itself and the Council had full access to the post-holder (90% of the role supports social care).
- May 2022: The Committee was reminded about the presentation referenced within the Integrated Care System and Integrated Care Partnership Update item which was subsequently circulated to Members on the 1st July 2022.

AGREED that the minutes of the Health and Wellbeing Board from the meetings in April, May and June 2022 be noted.

ASH 16/22 **Work Programme 2022-2023**

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

The next meeting was scheduled for the 11th October 2022 where a presentation on the Healthwatch Stockton-on-Tees Annual Report 2021-2022 would be considered, as well as the latest progress update on the outstanding actions from the previously completed Hospital Discharge (Phase 2 – discharge to an individual's own home) review. The final evidence-gathering session for the current review of Care at Home would also be held.

In addition, Members were informed of a proposal to include a future agenda item on chronic pain management, an issue which affected a significant number

of people across the Tees Valley and the North East. Healthwatch Stockton-on-Tees was involved in research and work with NHS England who were due to publish a report, and it was anticipated that a presentation would be requested for a Committee meeting in late-2022 / early-2023.

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

ASH Chair's Update

17/22

The Chair had no further updates.