

Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 11th October, 2022.

Present: Cllr Evaline Cunningham (Chair), Cllr Mohammed Javed, Cllr Steve Matthews, Cllr Tony Riordan (sub for Cllr Lynn Hall), Cllr Paul Weston

Officers: Angela Connor, Rob Papworth (A&H); Martin Skipsey, Gary Woods (CS)

Also in attendance: Louise Johnson, Victoria Cardona (North Tees and Hartlepool NHS Foundation Trust); Moira Angel (South Tees Hospitals NHS Foundation Trust); Christine Bruce, Tom Hurst (Tees, Esk and Wear Valleys NHS Foundation Trust); Megan Stevens (Five Lamps); Colin Wilkinson (Healthwatch Stockton-on-Tees)

Apologies: Cllr Clare Gamble, Cllr Jacky Bright, Cllr Luke Frost, Cllr Ray Godwin, Cllr Lynn Hall

ASH Evacuation Procedure

18/22

The evacuation procedure was noted.

ASH Declarations of Interest

19/22

There were no interests declared.

ASH Minutes of the meeting held on 13 September 2022

20/22

Consideration was given to the minutes from the Committee meeting held on the 13th September 2022.

AGREED that the minutes of the meeting on the 13th September 2022 be approved as a correct record and signed by the Chair.

ASH Monitoring the Impact of Previously Agreed Recommendations

21/22

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 second update following the Committee's agreement of the Action Plan in January 2022, 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): For South Tees Hospitals NHS Foundation Trust (STHFT), discharge leaflets were part of the standard ward processes, and follow-up calls were routinely made by the Transfer of Care Hub to check all is well with the patients post-discharge (feedback was collated to track trends and themes for improvement).

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) had put additional measures in place to increase the level of post-discharge feedback it received – this included a monthly audit schedule for both the quality and compliance of the agreed safety plan (incorporating details of who / which services an individual

can contact if requiring further support).

- 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): In addition to daily meetings with locality Integrated Single Point of Access (ISPA) which include discussions on identifying carers, North Tees and Hartlepool NHS Foundation Trust (NTHFT) had reviewed its admission document to ensure patients were asked if they themselves had a carers role. Furthermore, a research project was underway in partnership with Northumbria University to explore carers and carer organisation views of hospital discharge (the results of which would be used to generate a patient / family / carer toolkit of resources), and Stockton-on-Tees Borough Council's (SBC) Carer Engagement Lead would sit on the NTHFT Transfers of Care Forum.

Carers Together and social workers link-in with the STHFT Transfer of Care Hub to support carers and the needs of the person they care for.

TEWV complete a full comprehensive admissions assessment where a carer would be identified, and carers training had also been delivered to staff across the service. Carers leads had been identified for each ward, and a monthly carer meeting had recently been re-launched (though an established carers forum already exists within the older people's service).

SBC had slightly re-structured its Carers Service since the last update in April 2022 and were actively speaking with Council staff regarding their own caring roles. The service was very proactive with local health and social care partners through involvement in meetings, distribution of posters / resource packs / email bulletins, and attendance at promotional events to raise awareness.

Regarding NTHFTs update, Members noted that some patients admitted to hospital may not recognise themselves as carers, and queried what types of questions were asked to ascertain if they did indeed support someone. In response, it was stated that the Trust have multiple ways of identifying carers which does not just rely on the admission document – the Frailty / Home First team can find out about such activity, and information can be shared as part of daily meetings with Local Authority colleagues. In other matters, the Committee also looked forward to hearing about the results of the ongoing research project.

Prior to the update on recommendation 3, Cllr Evaline Cunningham wished it to be recorded for transparency purposes only that she was currently a Director of Eastern Ravens.

- 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): NTHFTs planned meetings with Eastern Ravens in April 2022 were unable to go ahead due to COVID (though had been rearranged for later in October 2022), whilst Eastern Ravens had attended TEWVs leadership meetings to educate and promote their service. From a STHFT perspective, Carers Together were embedded into hospital processes and the Trust were liaising with social workers around their local

services to support carers.

- 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 had updated their discharge policy, though discharge leaflets will now need to be reviewed in light of this and any feedback from the previously noted research project (see recommendation 2 above). The process for disseminating the leaflets would also be looked at and can be shared once agreed.

Discharge leaflets and follow-up calls were embedded into STHFT processes which monitors and deals with issues as they arise. An online and paper-based discharge survey was now also in place for patients to complete. STHFT were working with the voluntary, community and social enterprise (VCSE) sector regarding post-discharge communications and support, and it was evident through audits that re-admissions had been reduced.

A multi-professional meeting was held prior to all TEWV discharges which includes any services that will be supporting the patient post-discharge and the identification of key contacts. All patients were provided with a 72-hour follow-up after discharge, though this can be shorter if the situation demands (if this was required, it could be questioned whether discharge was appropriate) – the 72-hour timescale was monitored by the Trust and there had been no genuine breaches of this to report. TEWV was also trying to proactively foster links with partners, and in the community, to increase opportunities for post-discharge problem-solving.

Regarding STHFT, the Committee was very reassured by the stated embedding of follow-up calls for those patients who had been discharged. Members then raised an issue around individuals being discharged but not having a carer to support them with any subsequent medication needs which can then lead to their original (or a new) health issue re-emerging. TEWV officers stressed the need to establish an appropriate support plan prior to any discharge and that they were careful not to assume that a patient's family will provide assistance after their relative left hospital. TEWV also noted that they were considering their policy on post-discharge non-engagement, something the Committee was interested in learning more about.

- 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): Both STHFT and TEWV gave assurance as to their discharge processes which enable the identification of any pre- or post-discharge issues. TEWV also noted an intention to review their inpatient pathway to improve patient flow and reduce discharge delays.

Responding to their action, Healthwatch Stockton-on-Tees stated that feedback data and intelligence was shared with the Committee on an annual basis or when requested, and that Healthwatch is both proactive and responsive in sharing information / intelligence on hospital discharge.

Referring to the agreed action for Healthwatch Stockton-on-Tees (i.e. that a post-discharge audit for patients / families / carers who have direct experience with a hospital discharge to home address is completed), the Committee asked that an audit be undertaken before their element of this recommendation was signed-off as 'fully achieved' (the assessment of progress would therefore be amended to 'on-track'). NTHFT noted that they were intending to conduct a qualitative project to inform discharge pathways, and that they would be open to Healthwatch being involved.

- 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): A dedicated member of the STHFT Transfer of Care Hub was now visiting wards to provide education on discharge planning (including any transport requirements). The Discharge Lounge and Bed Bureau have a number of crews available from ERS and Direct Medical providers to assist in the discharge of patients to their home or place of residence.

Facilitating patient transport was less of an issue for TEWV as those being discharged rarely required Patient Transport Services (PTS). That said, the Trust supported any need for assistance with transportation through existing local agreements with taxi providers and access to private ambulances, as well as their Support Time Recovery (STR) workers.

- 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): STHFTs Home First service was embedded into the Transfer of Care routines, and was the default option for patients who were due for discharge and who may need further short-term support. In terms of impact, there had been a reduction in the number of patients who were medically fit for discharge and do not meet the criteria to reside (the Trust target was 90 and there were consistently between 70 and 80 patients not meeting the criteria).

Although their action in relation to this recommendation had been fully achieved at the last progress check in April 2022, Five Lamps provided a further update on their Home from Hospital initiative. SBC had agreed to a six-month funding extension (up to December 2022) and discussions were continuing with Five Lamps (who were also looking for other funding opportunities elsewhere) regarding arrangements beyond this date. In terms of the existing offer, Five Lamps were now receiving referrals from GPs in addition to those via the usual routes, and these were being supported as far resource capacity would allow.

The Committee Chair once again thanked all contributors for their latest updates, and it was subsequently agreed that a further update on outstanding actions should be presented to the Committee in March 2023.

AGREED that:

- 1) the progress update be noted and the assessments for progress be

confirmed (including the amendment to the grading of Healthwatch Stockton-on-Tees' action under recommendation 5).

2) a future update on outstanding actions be provided to the Committee in March 2023.

**ASH
22/22**

Healthwatch Stockton-on-Tees - Annual Report 2021-2022

The Committee considered the Healthwatch Stockton-on-Tees – Annual Report 2021-2022. Local Healthwatch organisations are required to produce an Annual Report setting out their aims and achievements, and this latest document, presented by one of Healthwatch Stockton-on-Tees' Board members and volunteers, included the following:

- Message from our Chair
- About us
- Our year in review
- Listening to your experiences
- Advice and information
- Volunteers
- Finance and future priorities
- Statutory statements

It was stressed that Healthwatch Stockton-on-Tees was a small organisation with only four full-time staff (plus 15 volunteers) – this meant there was limited capacity to undertake activities, a key part of which was to signpost the public to relevant organisations / initiatives and provide advice and information.

Specific attention was drawn to the 'Our year in review' section which highlighted engagement with, and support of, local people. Five reports were published during the year which included topics on community mental health needs, accessing Primary Care services, experience of dental care services, and women's experiences of health and social care. Further support of the local COVID response (including vaccination programme) continued.

The top three Healthwatch Stockton-on-Tees priorities for 2022-2023 were noted, namely ensuring the voices of local people help to shape service delivery in a meaningful way as part of the new Integrated Care System (ICS) model of care, ascertaining what is important to young people (whilst raising awareness of existing services and referral pathways), and developing creative ways of engaging with hard-to-reach communities to help tackle health inequalities and promote partnership-working.

Thanking the representative for presenting the report, the Committee commended Healthwatch Stockton-on-Tees for continuing the clear and easy-read format which gave a succinct overview of the activity undertaken. A query was then raised about the underspend recorded within the 'Finance and future priorities' section and whether this would be carried-forward into 2022-2023 or returned to the Local Authority – this would be confirmed after the meeting.

Repeating a request for clarity around the possible resumption of Healthwatch

Stockton-on-Tees' Enter and View programme that was made during consideration of the previous Annual Report (2020-2021) in November 2021, Members were informed that this programme would be re-introduced at the end of 2022 with the initial focus being on pharmacies.

AGREED that the Healthwatch Stockton-on-Tees – Annual Report 2021-2022 be noted.

ASH 23/22 **Scrutiny Review of Care at Home**

The fourth, and last, evidence-gathering session for the Committee's review of Care at Home involved contributions from Stockton-on-Tees Borough Council (SBC) officers, as well as a view from the Care Quality Commission (CQC).

PROMOTION OF / ACCESS TO (HOW PEOPLE ENTER THE SYSTEM) EXISTING LOCAL SERVICES

Addressing the Committee, the SBC Assistant Director / PSW – Adult Social Care gave details of how, depending on personal circumstances, individuals were supported when seeking to access local Care at Home services:

- **Eligible:** Applicants initially go through the SBC Early Intervention and Prevention Team before an allocated social worker approaches local providers regarding the Council's view on what an individual needs and what level of service was required from the provider. This need was then reviewed after six weeks.

The Council still conducts an assessment (and subsequent review) of an individual even if they choose to use a private provider – this is particularly relevant if they have no family.

- **Not Eligible:** If, following an assessment, an individual is not eligible for Care at Home funding, the Council is unable to commission services. However, applicants are signposted to available local providers for direct contact.
- **Self-Funders:** If an individual is self-funding, a needs assessment can still be undertaken prior to them being given information on available local providers. The Council do not get involved in commissioning services.

Members spoke positively of a recent personal experience of using the SBC online service regarding a family member, a request which had elicited a very prompt response from Council officers.

FUTURE CONTRACT PLANNING

The SBC Strategic Development Manager (Adults & Health) gave a presentation to the Committee in relation to ongoing planning for the next Stockton-on-Tees Care at Home contracts which were due to be awarded in October 2023. In reviewing the existing local arrangements, as well as wider issues affecting the sector, key findings and proposed plans to address these were outlined:

- Anticipated increase in demand for home care (volume and complexity): Recruitment and retention of staff was clearly a vital consideration, and a new model of funding would be developed in partnership with the market to ensure sustainability and affordability (the determination of fees would emerge from the ongoing national 'Fair Cost of Care' exercise). Outside the contract, the Council was developing a 'recruitment and retention in the care sector' programme to support care providers in the market.

Working closely with the SBC OneCall service, increasing the awareness and use of available technology would be another key feature, including the delivery of training sessions with social work team managers and carers who work in the sector, the further deployment of Teleassist (where appropriate) to reduce reliance on welfare calls, and the potential wider roll-out of an activity monitoring pilot (commencing October 2022) which enables providers to understand patterns of behaviour in a non-invasive manner.

For those calls requiring two carers, providers were reviewing double-handed care packages to ascertain possible referrals into the SBC Occupational Therapy (OT) team for assessment, and a train-the-trainer model and pilot had been developed with the Council's OT team to support providers in using equipment effectively.

- Lack of clarity around the scope of Care at Home and work required of carers: The contract would be reviewed to clarify the parameters of home care delivery (taking into account changes in complexity of need), and work would be undertaken with healthcare colleagues to ensure commissioned Care at Home continues to support the work of primary health.
- Calls too 'task-focused' (though overall care judged to be very positive): Having the best interests of the individual at the centre of service delivery would be kept under review, and would incorporate good practice from other Local Authorities (though it was acknowledged that there was limited evidence of outcome-led services) and work with providers to ensure that care plans define and monitor the outcomes to be achieved for individuals.

An ongoing programme of consultation and engagement regarding future contract planning was also noted, including an online questionnaire for people using services and their families / informal carers on options for future Care at Home provision, the seeking of views from people who use Council services (e.g. Halcyon Centre, Carers Service, etc.), a focus group on the 3rd November 2022, and conversations with local providers. An overview of feedback from all of these could be made available for the Committee to consider as part of its 'summary of evidence' session in November 2022.

Regarding the finding that care calls were seen as too 'task-focused', the Committee queried whether this was a result of how the existing contract had been put together. Officers stated that some guidance was given to providers about the expected length of some activities, but that the Council was trying to make sure that all tasks lead to a specific outcome and that they were conducted in a person-centred way which ensures dignity and care. Members also noted the benefits to a partner / family of those individual's receiving care within their own home as they get the opportunity to talk and discuss issues with a visiting carer.

Further to the previous reference to the national 'Fair Cost of Care' exercise, the Committee was informed that SBC was on course to submit its required return to the Department of Health and Social Care by the end of the week (14th October 2022). As part of this process, the Council had to produce a market sustainability plan outlining risks to local providers. Members were informed that the Government had made a commitment to increase funding for the sector, but that there was no indication how this would be allocated yet.

CARE QUALITY COMMISSION (CQC)

The CQC was asked to contribute its views on the Care at Home sector from the regulator's perspective and subsequently provided a written submission which detailed the following:

- Key Care at Home issues: The CQC observe similar issues which affect the whole of adult social care – staff vacancy rates, high turnover of staff and low pay. Further concerns in respect of zero-hours contracts, lack of pay for (and increasing cost of) travel, and the move towards commissioning domiciliary care in 15-minute increments were also outlined.
- Regional / national benchmarking data: Overall ratings for those active services who had been inspected (as of the 30th March 2022) showed Stockton-on-Tees in a positive light when compared against both the regional and national scene, with 97% of local providers graded either 'Good' (93%) or 'Outstanding' (4%).
- Future inspection plans for local providers: The CQC continued to work on the new regulatory model – further information regarding future assessments of Care at Home services was available on their website at: <https://www.cqc.org.uk/news/our-new-single-assessment-framework>
- Impact of the new ICS arrangements: There were a number of benefits to the CQC having a role in assessing Integrated Care Systems (ICSs) which include: encouraging system partners to improve by working to ensure people using services can access care when they need it; understanding how different local systems were engaging different adult social care organisations and how the care for people from different vulnerable groups was being managed; maximising CQCs regulatory impact and improve care via strengthened ways of working, ensuring early identification of system risks and engaging at system level to influence the quality of care within that system; and assessing workforce recruitment, deployment and practices across the system.

AGREED that:

- 1) the information be noted;
- 2) consultation and engagement feedback in relation to the ongoing future contract planning be provided to the Committee for consideration as part of the forthcoming Care at Home review 'summary of evidence' session.

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

The next meeting was scheduled for the 22nd November 2022 and would include consideration of the next CQC quarterly update report (Q2 2022-2023) as well as the latest update on regional health scrutiny. North Tees and Hartlepool NHS Foundation Trust (NTHFT) representatives would also be in attendance to provide a response to their recently published CQC report which raised concerns about aspects of the Trust's maternity services.

Following the formal agenda, an informal session would then take place to consider a summary of the evidence received as part of the Committee's review of Care at Home, and draft recommendations would subsequently be formulated.

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

**ASH
25/22**

Chair's Update

The Committee Chair drew attention to the recently published CQC report regarding Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) which focused on their wards for adults with a learning disability or autism. The CQC's inspection saw this element of TEWV's provision downgraded to 'inadequate', though the overall rating of the Trust remained 'requires improvement'.

Mindful of the Committee's previous decision to write to the Secretary of State for Health and Social Care calling for a public inquiry into the continued failings and lack of notable improvement of TEWV, discussion ensued about how Members wished to proceed following this latest CQC publication. It was proposed that the Tees Valley Joint Health Scrutiny Committee be asked if it intended to request a TEWV response to its next meeting in December 2022, and that if this was not intended, correspondence would instead be sent to Members to seek views on the Committee's next steps. In the meantime, it was also noted that CQC's follow-up visit of TEWV's forensic inpatient or secure wards service (the subject of concerns earlier this year) had now taken place, with the report expected to be published in the coming weeks.

AGREED that confirmation be sought from the Tees Valley Joint Health Scrutiny Committee as to whether a TEWV response to their latest CQC report on wards for adults with a learning disability or autism would be requested for the Joint Committee's next meeting in December 2022.