

Adult Social Care and Health Select Committee

A meeting of the Adult Social Care and Health Select Committee was held on Tuesday 20 December 2022.

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

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

Also in attendance: Cllr Ann McCoy (Cabinet Member for Adult Social Care); Judith Mackenzie, Pippa Jones (Care Quality Commission)

Apologies: Cllr Jacky Bright

1	<p>Evacuation Procedure</p> <p>The evacuation procedure was noted.</p>
2	<p>Declarations of Interest</p> <p>There were no interests declared.</p>
3	<p>Minutes of the meeting held on 22 November 2022</p> <p>Consideration was given to the minutes from the Committee meeting held on 22 November 2022.</p> <p>AGREED that the minutes of the meeting on 22 November 2022 be approved as a correct record and signed by the Chair.</p>
4	<p>Scrutiny Review of Care at Home</p> <p><i>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.</i></p> <p>Consideration was given to the draft final report and recommendations for the Committee’s Scrutiny Review of Care at Home.</p> <p>Attention was drawn to the following elements:</p> <ul style="list-style-type: none"> • <u>Recommendations (pages 12/13 & 48/49)</u>: Two of the draft recommendations discussed during the Committee’s informal session in November 2022 had been merged with other similarly themed draft recommendations. The lobbying for Care at Home staff to be regulated through a national register was now included within efforts to raise the profile of the care sector (recommendation 7), and the Stockton-on-Tees Borough Council (SBC) review of the balance of costs it pays care homes and Care at Home providers was now grouped with the future outcomes of the national ‘fair cost of care’ exercise (recommendation 15).

	<ul style="list-style-type: none"> • <u>Background (pages 16/17)</u>: Paragraphs 3.1, 3.2 and 3.7 had been added for additional context. • <u>Findings (pages 29-31)</u>: Responses to the set questions from the three providers who attended Committee had been grouped together for ease of comparison. <p>The Cabinet Member for Adult Social Care thanked the Committee for its work on this scrutiny topic and was particularly pleased to see the inclusion of recommendations 3 and 7 – raising the profile of the sector and reinforcing the skill levels required were crucial in ensuring good quality future provision.</p> <p>Discussion ensued around the importance of the Care at Home sector within the whole health and care system. The Committee noted recent North East Ambulance Service (NEAS) information presented to the Tees Valley Joint Health Scrutiny Committee which indicated positive performance by the University Hospital of North Tees in relation to patient handovers (particularly when compared to neighbouring hospitals) – North Tees and Hartlepool NHS Foundation Trust’s (NTHFT) improved discharge policy was a critical element in ensuring this patient ‘flow’.</p> <p>Continuing this theme, the Cabinet Member for Adult Social Care also highlighted the recent funding announcements to enable NHS Trusts to facilitate more timely discharge from hospitals. Whilst the proposals were for a 60:40 split between the NHS and Local Authorities (respectively), local discussions had resulted in an agreed 50:50 split between NTHFT and SBC – this was a positive reflection of the strong partnership-working which exists across the Borough and was something to be very proud of.</p> <p>AGREED that the final report for the Scrutiny Review of Care at Home be approved for submission to Cabinet in January 2023.</p>
<p>5</p>	<p>Care Quality Commission (CQC) - State of Care Annual Report 2021-2022</p> <p>The Committee considered the latest Care Quality Commission (CQC) State of Care Annual Report for 2021-2022 (links to the full report and a summary were provided in advance). Led by two CQC inspectors, a presentation was given which detailed the following:</p> <ul style="list-style-type: none"> • <u>Our purpose</u>: The CQC make sure health and social care services provide people with safe, effective, compassionate, high-quality care, and encourage care services to improve. • <u>Unique oversight of care</u>: Regulating a vast range of health and care services, the CQC establishes and rates performance across five key domains – safe, effective, caring, responsive, and well-led (note: dentists are inspected but not rated). • <u>The health and care system is gridlocked and unable to operate effectively</u>: People are stuck – stuck in hospital because there is not the social care

support in place for them to leave, stuck in emergency departments waiting for a hospital bed to get the treatment they need, and stuck waiting for ambulances that do not arrive because those same ambulances are stuck outside hospitals waiting to transfer patients.

Public satisfaction with NHS healthcare plummeted in 2021-2022, with only four in 10 people having the ability to leave hospital when clinically able to. Whilst most people were still receiving good care when they could get it, there were still inequalities in relation to access.

- Depleted workforce: healthcare: 132,000 vacant NHS posts (9.7%) – highest in the last five years. In all regions, mental health vacancy rates are higher than acute. Fewer midwives, with numbers falling between April 2021 and April 2022 (largest annual decrease since records began in 2009). 10% reduction in the ratio of fully qualified GPs per 100,000 patients in the last five years, with 42% of Royal College of General Practitioners (RCGP) members likely to quit in the next five years.
- Depleted workforce: adult social care: 165,000 vacancies in adult social care, with services closing doors to new residents. Around half a million people may be waiting either for an adult social care assessment, for care or a direct payment to begin, or for a review of their care. 99% of NHS leaders warn of an adult social care workforce crisis.
- The impact of a depleted workforce: Examples of feedback raising concerns regarding inability to get an appointment with a GP / dentist, length of time getting through to NHS 111, long waits in A&E, delays in transfers from ambulance to hospital, being unable to leave hospital as no support available, and being prevented from working as family / friends need to step-in and support someone.
- Areas of concern: Two out of five maternity services are not good enough, with black women four times more likely to die in pregnancy and childbirth than white women, with higher rates of postpartum re-admission than women of other ethnicities – proactive recording and better data is needed to tackle health inequality. Regarding learning disability and autism services, care is still not good enough, with too many people still in hospital. The CQCs October 2020 'Out of sight – who cares?' report (which reviewed the use of restraint, seclusion and segregation in care services for people with a mental health condition, a learning disability or autistic people) made 17 recommendations – 13 have not been met and four only partially.
- The time is now: The challenges faced by services are due to historical underinvestment and the focus must now be on long-term planning and sustainable investment. Local leaders need to join-up pockets of innovation, better data is needed to aid co-ordination and address inequalities, and a real step-change is needed to attract and retain staff (better pay and training).
- No quick fixes: There are no quick fixes, but there are steps to be taken now on planning, investment and workforce that will help stop things getting

worse. By working together to address the issues that lie behind the gridlock, conditions can be put in place to ensure that, next year, more people can access good, safe care, delivered by a better supported workforce who have reason to be optimistic about the future.

Thanking the CQC representatives for their presentation, the Committee drew attention to the frequent concerns it had raised during the last year regarding the regulator's visibility, the length of time between visits to services, and the depth of information within published reports. Regarding the latter, the CQC noted that its inspection feedback had been streamlined for some time now after views were received stating that previous reports were too complex / longwinded. Assurance was given that a robust level of information was still collected which the CQC used to assess and rate a service, as well as outline areas for improvement where required.

The Committee expressed frustration that an overview of the local health and care scene could not be provided (as had been given in previous years as part of this agenda item), particularly since the situation at a national level was not necessarily representative of what was happening across Stockton-on-Tees (e.g. Members were aware of recent information indicating a more positive picture in relation to accessing GPs within the Borough). Of specific interest would have been local NHS and social care vacancy rates, as well as some comment on hospice provision. In response, the CQC stated that there was no longer the resource to drill-down at a local level, and that this was not done for other Local Authority areas (indeed, it was subsequently confirmed that neither a national nor local overview on the State of Care was provided to any other scrutiny committee across the region).

Following-up this theme, the Committee sought further clarity around CQC resources and its capacity to provide local information, particularly since inspections had become more focused, reports were less detailed, and there were longer periods between visits to services. Members were informed that there was not a CQC workforce issue but that it had been agreed that a local overview was no longer within its role or remit – however, relevant data could be accessed via the CQC ratings directory (available at the following link: <https://www.cqc.org.uk/about-us/transparency/using-cqc-data>). With regards the framework for determining inspections, the Committee was assured that the CQC continues to highlight health and care issues (so these are at the forefront of future planning), and that it is intelligence-led, and targets inspections based on risk (e.g. infection prevention and control focus during the pandemic). That said, should other issues emerge with a provider, an inspection can be opened out to include more areas.

Reflecting on the key aspects of the presentation, many of which had been echoed on a regular basis by the media for several years now, Members raised significant concerns around staffing shortfalls (something which was difficult to quickly address) and the lack of long-term investment. Whilst a key part of the CQC was to highlight issues within health and care, it was up to the Government, alongside service providers, to resolve them.

Another area of concern outlined involved the CQCs decision to not always

	<p>visit the management premises of domiciliary care providers as part of an inspection process, something the Committee considered should be a fundamental strand in assessing an overall service. Whilst assurance was given that it was a more effective use of time to collect certain information remotely, Members felt that it was important for the regulator to understand how staff deal with live enquiries in order to ascertain an overarching level of service. The CQC advised that, as part of an inspection, service-users and their families, as well as staff from the service, are consulted and have the opportunity to raise any issues regarding provider offices. There was also the option of physically visiting if the need arose, and the CQC can also visit people within their own homes if required. The Committee emphasised its belief that it was essential that those accessing a service were engaged as part of any inspection process.</p> <p>The Committee concluded its questioning by asking if the CQC had become too risk-averse and whether this may be impacting upon the ability of inspectors to do their jobs properly. The representatives in attendance felt this was not the case and highlighted the targeted physical inspections during the pandemic. Members were also reminded that the same level of evidence continued to be collected, even though this was not necessarily represented in a published report of a service.</p> <p>AGREED that the Care Quality Commission (CQC) State of Care Annual Report 2021-2022 be noted.</p>
<p>6</p>	<p>Minutes of the Health and Wellbeing Board</p> <p>Consideration was given to the minutes of the Health and Wellbeing Board from the meetings in July, September and October 2022.</p> <p>AGREED that the minutes of the Health and Wellbeing Board from the meetings in July, September and October 2022 be noted.</p>
<p>7</p>	<p>Chair's Update and Select Committee Work Programme 2022-2023</p> <p><u>Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)</u></p> <p>The Chair updated the Committee following last week's (Friday 16 December 2022) Tees Valley Joint Health Scrutiny Committee (TVJHSC) meeting which included a response from TEWV in relation to the latest published CQC reports on some of their services. The TVJHSC was informed that the CQC had evidenced progress by TEWV and that no further regulatory action was required at this stage. TEWV had also brought in external teams to strengthen specific aspects of its offer.</p> <p>A subsequent discussion with other SBC representatives on the TVJHSC had resulted in agreement that, for now, the SBC Adult Social Care and Health Select Committee should continue to monitor TEWV and that a follow-up letter to the Secretary of State for Health and Social Care was not yet required. The Committee endorsed this position.</p>

Work Programme 2022-2023

Consideration was then given to the Committee's current Work Programme. The next meeting was scheduled for 17 January 2023 and would include the presentation of the Teeswide Safeguarding Adults Board (TSAB) Annual Report for 2021-2022. It was also noted that the next update on progress of outstanding actions regarding the previously completed Multi-Agency Support to Care Homes during the COVID-19 Pandemic (Task & Finish) would be provided.

As this was the last Committee meeting of the calendar year, the Chair thanked Members for their input during 2022, and wished Members and officers present a happy Christmas and new year.

AGREED that:

- 1) the Committee continues to monitor Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and that a follow-up letter to the Secretary of State for Health and Social Care was not yet required.
- 2) the Adult Social Care and Health Select Committee Work Programme 2022-2023 be noted.