

Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 21st February, 2023.

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

Officers: Ann Workman, Rob Papworth (A&H); Darren Boyd, Gary Woods (CS)

Also in attendance: Colin Wilkinson (NHS England Chronic Pain Stakeholder Group)

Apologies: Cllr Jacky Bright, Cllr Ray Godwin, Cllr Paul Weston

ASH 48/22 Evacuation Procedure

The evacuation procedure was noted.

ASH 49/22 Declarations of Interest

There were no interests declared.

ASH 50/22 Minutes- 17 January 2023

Consideration was given to the minutes from the Committee meeting held on 17 January 2023.

Regarding item 5 (Teeswide Safeguarding Adults Board (TSAB) – Annual Report 2021-2022), Members were reminded of the recently circulated additional information provided by TSAB in relation to some of the queries raised during discussions.

AGREED that the minutes of the meeting on 17 January 2023 be approved as a correct record and signed by the Chair.

ASH 51/22 Action Plan for Agreed Recommendations - 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 as a carer.

The Committee was presented with a draft Action Plan setting out how the agreed recommendations from the recently completed Scrutiny Review of Care at Home will be implemented and target dates for completion.

Specific comments were noted about the following:

- Recommendation 3 (SBC / Care at Home providers consider existing, and potentially new, mechanisms to engage with local colleges / schools to promote opportunities to work in the care sector): The Committee asked if there was any worth in the Council contacting its health partners to establish whether they may be able to assist with this recommendation. The SBC Director of Adults and Health confirmed that local NHS Trusts and Primary Care services were already

part of the well-established Provider Forums and would be consulted.

- Recommendation 14 (A joint letter from the SBC Cabinet Member for Adult Social Care and Chair of the Adult Social Care and Health Select Committee is sent to the relevant care minister and local MPs regarding the key findings of this review, reiterating the need for appropriate future support of the sector): The Committee was informed that the joint letter had been drafted, agreed and emailed to the Minister of State (Department of Health and Social Care) yesterday (20 February 2023). A hard-copy had also been posted, and the letter had since been shared with the Committee and the two local MPs, one of whom had already sent the Minister of State subsequent correspondence with reference to the Committee's work.

AGREED that the content within the presented draft Action Plan in relation to the recently completed Scrutiny Review of Care at Home be approved.

ASH 52/22 Monitoring the Impact of Previously Agreed Recommendations - Care Homes for Older People

Consideration was given to the assessment of progress on the implementation of the outstanding recommendations from the Scrutiny Review of Care Homes for Older People. This was the fourth update following the Committee's agreement of the Action Plan in July 2020, and the following comments / queries were raised in relation to the stated progress:

- Recommendation 2 (That the importance of personalised care be promoted through all contacts the Council and partners have with Care Homes; in particular the development and deployment of a varied activities programme tailored to individual needs and co-ordinated by a designated member of staff): All agreed actions now fully achieved, with specific attention drawn to the resumption of Funky Feet sessions in care homes alongside local nurseries and schools, and the 'Care Homes Legends Games' which took place in November 2022 and will be opened to all providers in June 2023.
- Recommendation 3 (That the benefits of technology for supporting personalised care are championed and promoted to all care homes in Stockton on Tees; in particular, the deployment of electronic solutions for records and medicine management should be supported by the Council): All agreed actions now fully achieved, and in addition to the stated progress, health funding had been secured to develop acoustic falls sensors. As noted, homes were now in a much better position with regards technology and skills to engage with future digital programmes across health and social care.
- Recommendation 5 (That the Council works with all stakeholders to promote and improve the local standing of careers in adult social care): Both agreed actions now considered fully achieved, with a 'soft' launch of the Care Academy website going live last week (mid-February 2023). In terms of impact, good relationships had been developed with Skills for Care, and 50 staff had been employed into the sector via the recruitment and retention programme.
- Recommendation 6 (That all care homes be required to work towards Dementia Friendly accreditation as part of the new contract arrangements):

Both agreed actions deemed fully achieved, with White House and Mandale House now being accredited as 'dementia friendly', and the Council actively working with three other providers. SBC was trying to push this to a wider cohort of providers (not just the original target group of five), and it was confirmed that such a requirement was within care home contracts.

With reference to recommendation 6 and the stated staffing issues within Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) which were prohibiting the future delivery of Positive Approach to Care (PAC) training, the Committee was keen that this was not allowed to fall by the wayside. The Council was encouraged to continue pushing the need for this training with TEWV, and a further update on developments would therefore be required later in 2023.

Reflecting on another comprehensive update, the Committee thanked officers for the work undertaken in response to the original review, with Members pleased to learn of the positive impact of the Committee's recommendations.

AGREED that the progress update be noted and assessments for progress be confirmed (subject to action 19 within recommendation 6 being amended to 'slipped' – this will require a further update later in 2023).

ASH 53/22 Care Quality Commission (CQC) Inspection Results - Quarterly Summary (Q3 2022-2023)

Consideration was given to the latest quarterly summary regarding CQC inspections within the Borough. 16 inspection reports were published during this period (October to December 2022 (inclusive)), and specific attention was drawn to the following:

- The Maple Care Home: The overall service remained 'Requires Improvement', the same grade it received following the previous rated inspection that was published in April 2021. Whilst enough progress had been made for the provider to no longer be in breach of regulation 12 (safe care and treatment), it was still in breach of regulation 17 (good governance). The Manager was implementing processes and procedures, but they needed to become embedded and sustained.
- Beeches Care Home: The overall service remained 'Requires Improvement', the same grade it received following the previous rated inspection that was published in April 2022, though two of the domains ('Caring' and 'Responsive') had both been upgraded from 'Requires Improvement' to 'Good'. Risk and medicines management had improved, but further and sustained improvements were needed. Areas of the home that were previously in a poor state of repair had been improved and made safe for people to use.
- Beechwood House: This was the service's first CQC inspection which resulted in a 'Requires Improvement' rating. The provider was in breach of regulation 11 (need for consent) as a result of not always acting in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. The CQC found that people were not supported to have maximum choice and control of their lives, and staff did not support them in the least restrictive way possible and in their best interests. In addition, the service management and

leadership were inconsistent – leaders, and the culture they created, did not always support the delivery of high-quality, person-centred care.

- Parkside Court Extra Care Scheme: The overall service had been downgraded from 'Good' to 'Requires Improvement' since its previously rated inspection (when operating under a different provider) that was published in October 2017. The provider was in breach of regulation 17 (good governance), with the CQC highlighting that staff had not always been recruited safely and pre-employment checks had not always been completed and accurately recorded.

- Rosedale Centre: The overall service had been upgraded from 'Requires Improvement' to 'Good' since its previously rated inspection that was published in July 2021. Significant improvements had been made to ensure records were person-centred and the culture within the service felt open and responsive. Feedback of the Registered Manager was positive.

- Roseworth Lodge Care Home: The overall service had been downgraded from 'Good' to 'Inadequate' since its previously rated inspection that was published in April 2021. The provider was in breach of regulations 10 (dignity and respect), 12 (safe care and treatment) and 17 (good governance), and as a result of its grading, the CQC had placed the service into special measures, meaning it will be kept under review and reinspected within six months. A further consequence was that the service had been suspended from the Framework Agreement for Residential and Nursing Care Accommodation within the Borough of Stockton-on-Tees – no further placements would occur at the home until the CQC published an improved rating.

The Committee drew attention to the final paragraph within the briefing report which referenced the provider's other services which had also been recently inspected by the CQC, and it was suggested that these were looked at in case there were similar issues occurring across their overall offer. Members were reminded that summaries of published CQC inspections are circulated to all SBC Councillors each month (before being included in the quarterly reports considered by the Committee), and that details of these other services would be disseminated once available.

Further reflecting on the information for Roseworth Lodge, the Committee again expressed concern as to why the service had not been fully inspected when issues were clearly evident (it was also noted that the previous inspection published nearly two years ago only focused on the 'Safe' and 'Well-Led' domains too).

For the 'Hospital and Community Health Services (including mental health care)' section of the quarterly report, the Committee acknowledged the upgrading of the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): Forensic inpatient or secure wards service which was now rated 'Requires Improvement' overall instead of 'Inadequate'. It was, however, alarming that the 'Safe' domain remained 'Inadequate', and Members were also concerned by the average satisfaction scores for both patients (75%) and family / carers / friends (61%) surveys (both of which lacked context as only a percentage was provided, not the total number of surveys received).

More encouraging was the upgrading of Butterwick Limited: Butterwick House

from 'Requires Improvement' in May 2022 to 'Good'. Whilst the Committee was pleased to see these positive developments, areas of concern remained, with Members mindful of the challenges outlined by the provider (particularly around the recruitment of senior clinical staff) when they addressed the Committee directly back in February 2022.

Attention was then drawn to the PAMMS Assessment Reports section (Appendix 2) – this contained seven inspection outcomes that had been published during the October to December 2022 (inclusive) period (note: a delayed PAMMS report, published during the Q2 2022-2023 period, for Stockton Lodge Care Home (rated 'Requires Improvement' overall) was also tabled for information).

The first three – Chestnut Lodge Nursing Home, The White House Care Home, and Elton Hall Care Home – were all graded 'Good' overall, and though the latter required improvement in the 'Personalised Care / Support' domain, White House was commended for its 'Excellent' rating in this particular aspect of the inspection process (Members noted that White House were one of the dementia-friendly accredited services highlighted in the previous 'Care Homes for Older People' progress update item).

The remaining four PAMMS reports had all been downgraded from 'Good' overall to 'Requires Improvement'. Victoria House Nursing Home, Millbeck, and Willow View Care Home all needed to address issues raised within the 'Involvement and Information' and 'Personalised Care / Support' domains, with the latter also requiring improvement in 'Safeguarding and Safety'. However, of most concern was The Poplars Care Home which had gone from 'Good' across the board to 'Requires Improvement', including a 'Poor' rating for the 'Involvement and Information' domain. It was therefore worrying that the provider's engagement with the SBC Quality Assurance and Compliance Officer and Transformation Managers was minimal.

Prior to the conclusion of this agenda item, the SBC Quality Assurance and Compliance (QuAC) Manager provided the Committee with an update on Ashwood Lodge Care Home. The service had now closed following a number of identified concerns which had led to a 'Poor' overall PAMMS rating and its suspension from the contracting framework which prohibited any new SBC admissions. Prior to closure, a number of professionals were involved to address issues around infection prevention and control, environmental health (food storage / preparation) and fire safety. The Manager had left their post and the Deputy Manager was on long-term sick, and the setting was placed on the Responding to and Addressing Serious Concerns (RASC) process in January 2023. Shortly after, the owners stated they were to close the home.

18 residents had to be relocated, and officers were praised for ensuring this process was undertaken with minimal disruption to individuals. The final resident was moved to another setting in mid-February 2023, and the home was no longer contracted with SBC. The Council had tried to support the staff too, three of whom had now moved over to Green Lodge.

The Committee commended all those involved in managing the situation for both residents and staff, though expressed concern at the loss of 18 beds within the Borough. The QuAC Manager gave assurance that there was still fair

capacity across Stockton-on-Tees for such services, and that the relocation of residents had assisted other providers who were experiencing occupancy issues.

AGREED that the Care Quality Commission (CQC) Inspection Results – Quarterly Summary (Q3 2022-2023) report be noted.

ASH 54/22 **Chronic Pain**

Following a proposal put forward in 2022 for the Committee to receive information regarding the management of chronic pain (a condition which reportedly affects high numbers of people across the North East and Tees Valley), Members received a presentation from a member of the NHS England Chronic Pain Stakeholder Group who, after providing some personal context around this issue, covered the following elements:

- What is chronic pain?
- Types of chronic pain
- How common?
- What's it like?
- What works (treatment)?
- What support do people need?
- NHS England toolkit approach (for Primary Care to use as a means of managing this condition)
- Partnership

One of the challenges around chronic pain was that there were conflicting thoughts about its very definition (though it was commonly felt that it refers to a pain which has occurred for longer than three months). An individual can have more than one type of chronic pain, and people can even continue to experience pain in the absence of an injury / disease. Professionals have a good understanding of how nerves work, but nerve-pain is complex to manage.

Pain is understood through the 'biopsychosocial' model which is common in long-term conditions. This comprises 'biology' (how the body experiences pain), 'psychology' (how a person thinks and feels), and 'social factors' (e.g. deprivation, financial stress, relationships). Chronic pain can occur anywhere in the body, but the majority is in the muscles, bones and joints.

It is reported that 34% of people live with chronic pain – 22% of those aged 16+ have a low-impact condition, and 12% have high-impact (the latter having significant ramifications on the way an individual lives their life). Chronic pain affects more women than men, becomes more common as age increases, varies according to ethnicity (more black people have the condition compared to other groups) and is more prevalent in deprived areas (a fact which suggests the rates in Stockton-on-Tees are likely to be higher given deprivation levels).

A key message is that medications are rarely effective and never the whole answer. GPs often do not have the tools, skills or time to help someone live well with chronic pain, and are met with individuals who are trying to describe something in a few minutes that they are experiencing 24-hours a day. However, alternatives that do help (i.e. cognitive behavioural therapy (CBT))

can have long waiting lists. The Occupational Therapist support through Stockton-on-Tees Borough Council (SBC) was helpful within the locality and provided practical assistance to make life easier.

In terms of treatment, having the right kind of conversations (and being asked the right types of questions) with clinicians and those people close to the individuals was vital – this may take several contacts. Also crucial was being supported by clinicians who actively listen, believe, and validate a person's experience of their condition. The general drive to integrate health and care services was particularly relevant for the management of chronic pain, and the importance of physical activity to complement other aspects of support should not be underplayed.

The crux of the NHS England toolkit approach was to pull together a partnership involving health and care providers, the Local Authority and voluntary organisations which can produce a plan to identify those who need help and assist them to live well with chronic pain. A further crucial ingredient was consulting those with lived experience of this condition in the wider community so the right support was known and subsequently available.

The final slide reflected upon what a good quality chronic pain offer might look like to ensure joined-up services that could really make a difference for people with this condition. Central to the vision was the need for affected individuals to be involved in their own journey so they are given the maximum opportunity to live well with pain.

In addition to the presentation, a paper was also tabled which provided commentary on the prevalence of chronic pain in Stockton-on-Tees (though caution was encouraged around the stated data which should be treated as 'ball-park' figures, not absolute numbers). It was thought that around 33,000 people across the Borough were suffering from chronic lower-back pain (of those, around 20,000 had severe pain), the leading cause of disability in the UK. With few available treatments other than exercise, pain relief, occasional steroid injections into the affected joint(s) and various forms of joint replacement, osteoarthritis was almost as prevalent as lower-back pain.

Finally, encompassing all conditions, a study published in 2018 by BMJ Open (<https://bmjopen.bmj.com/content/8/7/e023391>) found the prevalence of chronic pain in North East England to be 47% (note: this study used 2011 data). It may be assumed that prevalence in Stockton-on-Tees has followed the national trend and increased since then – this would suggest that at least 100,000 people across the Borough were living with chronic pain. If authorities do not recognise this issue, they are therefore failing half the local population.

The Committee expressed its gratitude for the presentation which had highlighted what was clearly a very significant health condition. Indeed, some Members spoke of their own personal experiences of pain and the frustrations of dealing with services (e.g. not feeling listened to, not having enough time to discuss, etc.). Being able to lean-on close family support was a big help when access to professional help was limited.

Members agreed with the need for an individual's arrangements to be reviewed regularly so they feel supported and any changes in their condition can be

reflected in future assistance. Encouraging people to acknowledge that they may need help and then know where to go was vital, and peer-group support had the potential to provide further value (as well as addressing possible issues relating to loneliness which may result from life-limiting conditions).

Reflecting on the benefits of physical activity, the Committee drew attention to the already established links with Tees Active, and suggested that there may be scope to use this network within a future chronic pain management partnership. Ensuring those leading activity groups are aware of pain and develop programmes accordingly would also be beneficial.

Considering the significant numbers involved, the Committee asked how this issue could and should be progressed. It was felt that impetus was needed to form the required partnerships between key organisations (which must include input from those experiencing chronic pain), and that the Integrated Care Partnership (ICP) might be the most appropriate vehicle to initiate momentum. Whilst some funding would, of course, be helpful, any investment was likely to be far outweighed by the reduced burden on NHS services. Closing the debate, the SBC Director of Adults and Health noted recent similar discussions at the Health and Wellbeing Board (where NHS colleagues were present) which acknowledged the potential use of the ICP as a platform to take forward the future development of chronic pain management services. Once the anticipated toolkit was released, further development of this issue would also be considered at the Adults Partnership.

AGREED that the chronic pain information be noted.

ASH 55/22 Chair's Update and Select Committee Work Programme 2022-2023

Chair's Update

Further to the discussion which followed the presentation of the Teeswide Safeguarding Adults Board (TSAB) Annual Report at the last Committee meeting in January 2023, the Chair had since sought assurances from North Tees and Hartlepool NHS Foundation Trust (NTHFT) around reports of health professionals not conducting home visits for pre- and post-natal checks (instead requiring expectant / new mothers to go to Endurance House for appointments) which meant the identification of potential safeguarding issues may be being missed. Members also noted challenges involving parking around Endurance House and the reported need for new mothers to use taxis as a result.

Work Programme 2022-2023

Consideration was given to the Committee's current Work Programme. The next meeting, and final one of the current Council term, was scheduled for 21 March 2023 where the feature item would be the annual presentation of key information / data regarding the NTHFT Quality Account. Progress updates for two previously completed reviews, Hospital Discharge (Phase 2 – discharge to an individual's own home) and Day Opportunities for Adults, would also be considered, as would the SBC Overview and Scrutiny – End-of-Term Report (2019-2023).

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