

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

A meeting of Adult Social Care and Health Select Committee was held on Tuesday 17 December 2024.

Present: Cllr Nathan Gale (Vice-Chair, acting as Chair), Cllr Stefan Barnes, Cllr Carol Clark, Cllr John Coulson, Cllr Lynn Hall, Cllr Jack Miller, Cllr Vanessa Sewell

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

Also in attendance: Jill Foreman, Beth Swanson, Stephanie Worn, Matt Wynne (North Tees and Hartlepool NHS Foundation Trust)

Apologies: Cllr Marc Besford (Chair), Cllr Ray Godwin

ASCH/48/24 Evacuation Procedure

The evacuation procedure was noted.

ASCH/49/24 Declarations of Interest

There were no interests declared.

ASCH/50/24 Minutes

Consideration was given to the minutes from the Committee meeting held on 19 November 2024.

AGREED that the minutes of the meeting on 19 November 2024 be approved as a correct record and signed by the Chair.

ASCH/51/24 North Tees and Hartlepool NHS Foundation Trust: Maternity Services Update

Senior representatives of North Tees and Hartlepool NHS Foundation Trust (NTHFT) were once again present to give a further update on developments in relation to the Trust's maternity services. This was the third such update following issues raised by the Care Quality Commission (CQC) in 2022 regarding NTHFT maternity provision, with the Trust asked to also include details of the review of its community midwifery offer after concerns were raised by the Committee in early-2023.

Led by the NTHFT Associate Director of Midwifery and supported by the NTHFT Director of Nursing, a presentation was given which covered the following:

- Perinatal Organisational Structure: The key difference to the structure outlined during the previous update in November 2023 was the addition of the 'Group Executive Team' which reflected the 'Group' model NTHFT and South Tees Hospital NHS Foundation Trust (STHFT) was now operating under. All other roles within the structure remained the same.
- Maternity CQC Position: Responses undertaken in relation to the five 'must do' (and one 'should do') actions identified by the CQC in 2022 were highlighted –

these formed an important part of the Trust's maternity safety support programme. Progress had been presented to the NTHFT Board in order to provide assurance around compliance – sustaining (and continuing to monitor) this was vital.

- Maternity Improvement Plan: Noting that the North East and North Cumbria Integrated Care Board (NENC ICB) now had oversight of NTHFT maternity service quality, several elements associated with improving the local offer were outlined, including the Maternity Incentive Scheme which saw the Trust compliant for year 5 (the first time this had been achieved for some time – a great credit to staff) and on-track for compliance in year 6. In response to the results of the CQC Maternity Survey 2023, work around new methods for induction of labour was another key focus, with efforts being made to improve the labour experience by moving away from outcome-driven pharmaceutical interventions, and towards more mechanical methods which enabled women to return home during the process (if appropriate).

From a workforce perspective, there was currently only three whole-time equivalent vacancies within the whole service, a significant improvement on the staffing situation this time last year. Following responses to previous CQC surveys / inspections, the Trust was also involved in a national perinatal culture and leadership programme. NTHFT recognised that culture impacted upon recruitment and retention, and this initiative would help identify priorities for the perinatal service.

- Service Improvement: Continuing the theme of enhancing provision, feedback on work to improve the community offer was relayed. NTHFT had aimed to expand the choice of community-based appointments (along with how these were communicated / promoted) and had established more flexible service timings to fit in with the contrasting work patterns of pregnant women. Short bite-sized videos were being produced in conjunction with Teesside University to assist with parental education, and the Chair of the Maternity and Neonatal Voices Partnership (MNVP) was continually involved in discussions to strengthen local provision.

NTHFT was also mindful of its CQC Maternity Survey results and welcomed (and took note of) the CQCs national review on the state of maternity care. Key issues around personalised care (the Trust was working with Local Authorities in relation to an individuals' other linked care needs), data intelligence, outcomes delivery and workforce were noted, as was the positive feedback received on post-natal provision (an area which had previously prompted concern). Fundamental principles for maternity services were being addressed in the current maternity improvement plan (co-produced by the MNVP group), though it was acknowledged that limitations with the estate / facilities impacted upon what the Trust could deliver.

- Maternity and Neonatal Three-Year Service Delivery Plan: Four themes involving service standards and structures, workforce, culture underpinned this plan. NTHFT was around 75% through each of these themes – this plan will be re-visited to take into account the Trust's CQC Maternity Survey results and the CQC national review of maternity care.
- Maternity and Neonatal Voices Partnership (MNVP): An infographic summarising the MNVPs plan of work for 2024-2025 showed a range of activity which was contributing towards local maternity provision. This included various engagement mechanisms to hear from those who had experienced services, holding in-person

sessions, running local events, and specific focus on bereavement, labour induction, consent, mental health, pelvic health, and infant feeding.

- Clinical Research and Quality Improvement: As an ongoing process (and to avoid becoming complacent), NTHFT had undertaken 10 research and 14 quality improvement projects involving a multi-professional team approach and multiple principal investigators. An incorporated graphic demonstrated the Trust's significant progress on reducing major bleeds following childbirth (an issue for NTHFT in early-2023) – this reflected a focus on ensuring women were fit to go into labour (aided by the development of a risk assessment tool).
- Successes: The implementation of BadgerNet, an electronic patient record which NTHFT was looking to link to other Trusts who also had this, had been well received by those using maternity services (though the Trust was also conscious of the issue of digital exclusion). Reducing the workforce vacancy rate, the trialling of a nursing associates' role, offering more community appointments from family hubs, and refurbishing the bereavement suite (following feedback that it felt overly clinical) was also highlighted. Staffing-related developments involving the creation of a specialist infant feeding role within the community offer, as well as scoping a project for support workers within the post-natal ward, were further examples of enhanced provision.

The Committee was pleased to see evidence of improved service provision (something the CQC was fully aware of due to its regular engagement with the Trust) and commended the direct link to the NTHFT Board in terms of monitoring quality – the emerging NENC ICB oversight of the maternity offer was also an interesting development. Welcoming the positive work around recruitment and retention, Members asked whether individuals could access BadgerNet-related information via the NHS app – it was stated that BadgerNet was a separate app which the Trust hoped to link to individual care records next year.

Following a query around apprenticeships, NTHFT noted its ongoing attention on developing the future workforce, with students coming to the Trust for placements. However, there was no midwifery-specific apprenticeships locally, something NTHFT was liaising with Teesside University to address, with efforts potentially aided by the strengthened voice which the 'Group' model between NTHFT and STHFT brings. Both Trusts offered different training experiences for midwives.

Praising the value placed upon the crucial issue of infant feeding (often a large concern for new parents), the Committee sought assurance that post-natal thinking included considerations around health visitation. Acknowledging that family support was not the same for everyone, NTHFT stated that health visitors had a key role which also helped with the introduction of antenatal contact, and was just as important from a post-natal perspective as pre-birth. Whilst improvements had been seen in this element of maternity provision, better links with the health visiting offer was needed.

Finally, Members asked if the new Community Diagnostic Centre in Stockton town centre would include any maternity testing provision. NTHFT representatives in attendance confirmed that there were no current plans for this, though it had not been ruled out for the future.

AGREED that the North Tees and Hartlepool NHS Foundation Trust (NTHFT) maternity services update be noted.

ASCH/52/24 Scrutiny Review of Reablement Service

The third evidence-gathering session for the Committee's ongoing review of Reablement Service considered information from the North Tees and Hartlepool NHS Foundation Trust (NTHFT). Led by the NTHFT Head of Community Services (who had worked within reablement provision for many years) and supported by the NTHFT Care Group Director – Healthy Lives, a presentation was given which covered the following:

- NTHFT current role working alongside Stockton Reablement Service: With a focus on 'Home First' principles, the Trust's priority was to get patients home from hospital as soon as it was clinically safe to do so. Avoiding hospital admittance in the first place was also central to its thinking.

To facilitate this approach, NTHFT was a key partner within local integrated services, working alongside Stockton-on-Tees Borough Council (SBC) to provide an Integrated Single Point of Access (ISPA). There was also a well-established Integrated Discharge Team (contributing to the Trust having one of the top performing Emergency Departments in England – a reflection of the strength of pathways in place to get people home), as well as a Community Integrated Assessment Team (CIAT) which worked in collaboration with the Reablement Service (30 clients on average per month, involving 80 contacts).

A change in delivery of the local Reablement Service from autumn 2024 had seen SBC bring the offer in-house. From a NTHFT perspective, recent operational challenges had led to patients staying in hospital longer, though the Trust had worked with SBC for additional support to get individuals home for Christmas.

- Case study – Support in the Community: A case study resulting in a referral to the Reablement Service was included as an example of the rising demand for this type of care. Increasing frailty and complexity of cases across the general population was leading to greater challenges in providing support for those needing these services. This example also involved a referral to the Virtual Frailty Ward (also known as the 'hospital at home' service) for further clinical assessments, treatment and observation.
- Emerging system frailty model: Whilst there was estimated to be around 140,000 people aged over 65 within the Tees Valley footprint (15,500 of which had moderate or severe frailty and 5,500 of whom were residing in care homes), these numbers were expected to increase by over 20% in the next 10 years. In order to meet this rising demand, NTHFT was developing a system frailty model which involved interventions ranging from emergency care within the hospital environment to self-care (including carer support). Its aim was to help reduce hospital admissions and Accident and Emergency (A&E) attendance for those over 65 years-old, as well as reduce care home admissions. The final model still needed to be approved by the Trust's governance structure.
- NHSE Frailty Strategy: The wider NHS England Frailty Strategy included a pathway to receiving reablement in the community. This may or may not follow a period of care within a hospital setting, and the delivery of the strategy would require the support of a range of partners, including primary care services and the voluntary sector.

- Future possibilities: Reablement provision was a key element in delivering more care in the community, and the Trust (with its partners) was trying to push the boundaries regarding what could be done outside of the hospital environment. Investment in technology to aid in the move from analogue to digital (NTHFT was already working with the existing Reablement Service in relation to telecare) and focusing on preventing people from reaching crisis point (requiring collaboration between partners) were also future considerations.

From a service structure perspective, a move to facilitating 24/7 access should be central in developing the current offer as it was not appropriate to stop provision at 5.00pm. Continuing with the 'Discharge to Assess' principles so as many assessments as possible were undertaken outside the hospital setting was important, particularly since individuals may be more independent within their own home and not require a significant care package identified whilst in hospital. Developing understanding and management of complex cases, and the use of OPTICA (a secure cloud application, built by North of England Care System Support (NECS) in collaboration with NHS Trusts and Local Authorities, which tracked all admitted patients and the tasks relating to their discharge in real-time through their hospital journey) within the community was also highlighted.

Regarding the questions put to NTHFT in advance of this meeting, Trust representatives added that, in terms of measuring the success of the existing Reablement Service, this was difficult to comment on given NTHFT did not have access to relevant data. However, it was recognised that the Borough's reablement provision played a key role in the ongoing strong local performance around hospital discharge, much of which reflected the established partnership between NTHFT and SBC. It was also noted that the Trust had received no feedback (either positive or negative) from the public about the Reablement Service – any compliments / complaints would likely be submitted to the Council.

Thanking NTHFT for its presentation, the Committee asked how the provision of 24/7 reablement care might impact upon the recruitment and retention of staff. The Trust stated that it was aware of pockets of its workforce who would prefer to undertake their duties more flexibly (including nightshifts), though acknowledged that it would need to make specific approaches / adverts to identify interested individuals (whilst not the same type of offer, the ISPA had been operating on a 24/7 basis for around 18 months now). Demand for support within the community would continue to increase, and this would have ramifications for workforce planning.

In response to a Committee question on the numbers being cared for as part of the 'hospital at home' (Virtual Frailty Ward) initiative, NTHFT confirmed that it currently provided 110 beds across a range of pathways, 30 of which were offered for frailty (as of today, these were all full). In related matters, it was stated that any required assessments of an individual potentially in need of care should be done as early in the day as possible so requirements could be put in place on the same day.

Members queried if there were any established links between reablement provision and end-of-life care. NTHFT noted its work with both Butterwick Hospice (Stockton-on-Tees) and Alice House (Hartlepool) and that individuals can be admitted into these settings from the community.

AGREED that the information presented by the North Tees and Hartlepool NHS Foundation Trust be noted.

ASCH/53/24 Regional Health Scrutiny Update

Consideration was given to the latest Regional Health Scrutiny Update report which summarised the work of regional health scrutiny committees and highlighted some recent health-related developments impacting on the Tees Valley and / or wider North East and North Cumbria footprint. Attention was drawn to the following:

- Tees Valley Joint Health Scrutiny Committee: As part of the previously agreed rotational arrangements, Hartlepool Borough Council was hosting the Committee in 2024-2025. The last meeting was held on 7 November 2024 where items included a North East and North Cumbria Integrated Care Board (NENC ICB) winter plan update, a briefing on opioid prescribing and dependency across the Tees Valley, the Tees Suicide Prevention Strategic Plan, and a Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) presentation on health inequalities.

The next meeting was scheduled for 9 January 2025 – anticipated items included a further TEWV update on Tees Respite Care, a Clinical Services Strategy Update ('Group' model), and a Palliative and End-of-Life Care Strategy presentation (the latter topic being something which the SBC Adult Social Care and Health Select Committee Chair (both current and previous) had sought clarity on for some time during informal engagement with NENC ICB officers).

- Sustainability and Transformation Plan (STP) / Integrated Care System (ICS) Joint Health Scrutiny Committee: No further developments regarding this Joint Committee since the previous update in October 2024. In related matters, regional developments highlighted included the ongoing promotion of the NHS '*Be wise, immunise*' campaign to vaccinate high-risk people against COVID-19 and flu, the NENC ICB 'Here to Help this winter' webpage providing information on choosing the right NHS service for an individuals' needs, new Government money to help people back into work by offering extra support in health services such as GP practices and hospitals, and calls to improve support for women through the menopause. The link to the latest NENC ICB annual report and accounts (1 April 2023 – 31 March 2024) was again included for information.

AGREED that the Regional Health Scrutiny Update report be noted.

ASCH/54/24 Chair's Update and Select Committee Work Programme 2024-2025

CHAIR'S UPDATE

The Committee Vice-Chair (acting as Chair for this meeting) relayed the Chair's thanks to Stockton-on-Tees Borough Council (SBC) staff for their contribution to the recent Care Quality Commission (CQC) inspection of the Council's adult social care services.

Attention was drawn to a recent SBC Member Briefing Session outlining planned Stockton and Darlington Railway bicentenary celebrations during 2025 – this included engagement with the elderly population around their own experiences of using the railway. Members queried whether contact would be made with local care homes,

with the SBC Assistant Director – Adult Social Care / PSW agreeing to seek further clarity around what was intended.

WORK PROGRAMME 2024-2025

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 21 January 2025 where the latest Teeswide Safeguarding Adults Board (TSAB) Annual Report (2023-2024) would be presented. Further evidence-gathering for the ongoing Reablement Service review was intended (featuring feedback on the work of SBCs delivery partner, Peopletoo), as was consideration of the CQC State of Care Annual Report 2023-2024 (alongside a reflection on the state of local provision).

AGREED that the Chair's Update and Adult Social Care and Health Select Committee Work Programme 2024-2025 be noted.