

## **ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE**

A meeting of Adult Social Care and Health Select Committee was held on Tuesday 22 October 2024.

**Present:** Cllr Marc Besford (Chair), Cllr Stefan Barnes, Cllr Carol Clark, Cllr Lynn Hall, Cllr Vanessa Sewell, Cllr Marcus Vickers (sub for Cllr John Coulson)

**Officers:** Sarah Bowman-Abouna, Angela Connor, Susan Dixon, Rob Papworth, Gavin Swankie (A,H&W); Gary Woods (CS)

**Also in attendance:** None

**Apologies:** Cllr Nathan Gale (Vice-Chair), Cllr John Coulson, Cllr Ray Godwin

### **ASCH/33/24 Evacuation Procedure**

The evacuation procedure was noted.

### **ASCH/34/24 Declarations of Interest**

There were no interests declared.

### **ASCH/35/24 Minutes**

Consideration was given to the minutes from the Committee meeting held on 17 September 2024.

AGREED that the minutes of the meeting on 17 September 2024 be approved as a correct record and signed by the Chair.

### **ASCH/36/24 Scrutiny Review of Reablement Service**

Following the Committee's approval of the scope and plan for the Reablement Service review at the last meeting in September 2024, this first evidence-gathering session involved an initial submission from the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing directorate.

Led by the SBC Integrated Interim Care Team Lead (CQC), and supported by the SBC Strategic Development Manager (Adults & Health) and the SBC Service Manager – Integrated Early Intervention and Prevention, a presentation was given which covered the following:

- What is reablement?
- Why (provide the service)?
- Who can access the service?
- How we deliver the service?
- Activity and Performance
- Feedback about our staff
- Client feedback

- Future
- Powering Our Future

Coming under the wider umbrella of 'intermediate care', reablement was one of several short-term support offers involving NHS and social care services. Providing assistance within a person's own home, this assessment and support service helped an individual to do tasks (e.g. washing, getting dressed) for themselves rather than relying on others, with support workers working alongside the person while they regained skills and confidence. The aim was to maximise independence (doing tasks 'with' them, not 'for' them), and the service could be used to support discharge from hospital, prevent re-admission, or enable an individual to remain living at home.

From a legislative perspective, the Council had a duty to prevent, reduce or delay needs for care and support (Care Act 2014 s2) for all adults (18 years-old or over), including carers. In practice, this meant early intervention to prevent deterioration and reduce dependency on support from others, and reablement was one of the ways the Council could fulfil this duty. The Care Act regulations required the Council to provide reablement support free-of-charge for a period of up to six weeks – this was for all adults, irrespective of whether they had eligible needs for ongoing care and support.

The service may be accessible if an individual had a temporary illness / accident, a crisis, a change in their (or their carers') circumstance, or to avoid unnecessary admission to hospital. Where a 'need' (not a 'want') had been identified, individuals would be referred following an assessment via a health or social care professional. Any subsequent support could be tailored to the individual, and its duration was dependent upon their progress (i.e. this free service could be less than the maximum six-week period).

In terms of service delivery, the SBC Reablement Team consisted of a Manager, a Deputy Manager, four Co-ordinators, an Assistant Co-ordinator, three Senior Support Workers, and 37 Support Workers (courtesy of a recent expansion in October 2024) who were all dedicated and worked alongside individuals to promote independence. The workforce had a mix of experience, and the service benefitted from good staff retention, with those in post for a number of years able and willing to share their knowledge and expertise with newer recruits.

With a focus on making every contact count, visits to service-users occurred 1-4 times per day, with Senior Support Workers holding regular weekly reviews with individuals to ensure they were on track to achieve their goals and adjust their support plan accordingly (they were also able to assess and order low level equipment to aid independence). Discharge plans and end dates were agreed with individuals, and throughout the duration of their assistance, staff could signpost to other services such as welfare rights, community groups and befriending initiatives so an individual had a support network to help them remain at home and not feel isolated when leaving the reablement offer. Help was also provided with applications for entitled benefits.

The SBC Reablement Service was last inspected by the Care Quality Commission (CQC) in May 2021 where it was subsequently given an overall rating of 'Good'. 591 individuals were supported between April 2023 and March 2024, with just over 75% of this number independent on leaving the service (those who needed further care required less intensive support due to the work undertaken by staff). Local performance was consistently better than the regional and national averages over the past four years, with the 2023-2024 data ranking Stockton-on-Tees eighth in the

country (top in the region). In addition, the service had been shortlisted for the regional (North East and Scotland) Great British Care Awards in the categories of 'Team Award', 'Newcomer to Care', 'Co-ordinator', and 'Care Manager'.

Two key areas were identified regarding considerations around the future service offer. The first concerned the issue of 'demographics', with population projections up to 2030 showing that there was an expectation for a consistent increase in the number of people aged 55 and over in the Borough (particularly in the 65 to 69 and 80 to 84 age-brackets). Related to this, a system developed by the Institute for Public Care indicated that 'projected service demand' for both the Borough's residential and nursing care population was expected to grow by 10% over the next five years. Whilst SBCs local market assessment for residential provision anticipated that this growth would be significantly lower, acuity, length of stay, and use of short-term assessment beds to support hospital discharge would impact on the Council's ability to support people to independence.

The presentation concluded with a summary of the reablement review being undertaken via the Council's *Powering Our Future* (POF) initiative, the project proposal of which was signed off by the POF Board in June 2024. As part of the first phase of this work, the commissioned Discharge 2 Assess (D2A) provision was brought in-house earlier in October 2024, and a pilot assessment of activity monitoring technology would begin (the results of which were due to be reported in December 2024). Phase two of the review was looking to establish revised models of reablement to accommodate support for people in the community and greater numbers of people being discharged from hospital, as well as those with a mental health need, autism or learning disability.

Commending officers for the performance of the Reablement Service, the Committee drew attention to the previously considered agenda item involving an update on care and health winter planning, and asked if they concurred with the statement that there was enough capacity within the service to cope with anticipated demand. In response, Members heard that existing structures were sufficient to deal with the Council's projections on the numbers requiring support, but issues would inevitably follow should these projections be exceeded, as would staff absences as a result of sickness / COVID. Resilience was built into plans to counter potential surges in demand, though much was fundamentally down to having enough staff available.

With reference to the first phase of the ongoing SBC *Powering Our Future* review of reablement, the Committee enquired about what sort of technology was being considered as part of the intended pilot. Officers spoke of the use of sensors (subject to an individual's consent) which fed into a dashboard to give a picture of how a person was managing within their own home – this could help understand patterns of behaviour which could then identify risks (including changes in normal routines which may indicate a problem) and any associated support needs.

Members asked if the service had any dealings with the North Tees and Hartlepool NHS Foundation Trust (NTHFT) Frailty Ward and, if it did, was this relationship working well. Officers stated that referrals were received from the Frailty Ward and that the service worked alongside colleagues within that NHS function which carried out more healthcare-related tasks and offered overnight provision (something the Reablement Service did not). Most of those receiving reablement support were aged over 65 years old.

Reflecting on the number of staff employed within reablement and the number of individuals supported during 2023-2024, the Committee praised the hard work and dedication of those providing the service. It was subsequently highlighted that there were only 28 support staff during the 2023-2024 year, a total which had since risen. It was also noted that a robust training offer was in place to support / strengthen the workforce.

Member questions finished with a comment on last week's (17 October 2024) Cabinet meeting which included a *Powering Our Future* report stating that, in light of the Council's financial position, there was a need for some people to pay more for their care. To this end, the Committee requested further details on the way the Reablement Service was funded and the costs it incurred, as well as future projections around budgets / expenditure for this type of care.

AGREED that the information presented by the SBC Adults, Health and Wellbeing directorate be noted and further details be provided in relation to Reablement Service funding / costs.

### **ASCH/37/24 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 now hosting the Committee in 2024-2025. The last meeting (and first of the current municipal year) was held on 19 September 2024 and, following the appointment of a new Chair and Vice-Chair, items included Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) updates on Respite Care / Adult Learning Disability Services and the Community Mental Health Transformation initiative, as well as an update on the Community Diagnostic Centre (CDC) in Stockton.

The next Committee meeting was scheduled for the 7 November 2024 – anticipated items (still to be confirmed) included TEWV presentations on health inequalities and male suicide, as well as a North East and North Cumbria Integrated Care Board (NENC ICB) winter planning update.

Members representing Stockton-on-Tees Borough Council (SBC) on the Tees Valley Joint Health Scrutiny Committee noted the delay between the last meeting in September 2024 and the previous one in March 2024, as well as SBCs involvement and influence on some of the key items on the September 2024 agenda. In terms of these, encouragement was expressed at both the Respite Care and CDC updates, the latter of which confirmed the anticipated opening of the CDC in Stockton by Christmas 2024.

- 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 May 2024. In related matters, several regional developments were highlighted, including the ongoing promotion of the NHS 'Be wise, immunise' campaign to vaccinate high-risk people against COVID-19 and flu, the ongoing 'collective action' by GP services, details of the North East

and North Cumbria women's health programme, a NHS Clinical Conditions Strategic Plan targeting 12 health conditions making the biggest impact on people, and a link to the latest NENC ICB annual report and accounts (1 April 2023 – 31 March 2024).

AGREED that the Regional Health Scrutiny Update report be noted.

#### **ASCH/38/24 Health and Wellbeing Board - Forward Plan (September 2024) & Previous Minutes (May, June and July 2024)**

Consideration was given to the Health and Wellbeing Board forward plan (as of September 2024) and the minutes of previous meetings which took place in May 2024, June 2024 and July 2024. Attention was drawn to the following:

- Forward Plan: The Board's forward plan had been added to this agenda item to enable the Committee to have sight of forthcoming business that was due to be considered.
- 31 July 2024: Item 6 of these minutes recorded ongoing discussions in relation to the functions of the Board, the format of Board meetings, and the opportunity for Board development.

AGREED that the forward plan and the minutes of Health and Wellbeing Board meetings which took place in May 2024, June 2024 and July 2024 be noted.

#### **ASCH/39/24 Chair's Update and Select Committee Work Programme 2024-2025**

##### CHAIR'S UPDATE

The Chair had no further updates.

##### WORK PROGRAMME 2024-2025

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 19 November 2024 where the latest CQC / PAMMS quarterly update would be provided, and the second evidence-gathering session for the ongoing Reablement Service review would be held. An update on the work of the Making it Real Board was also anticipated.

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

#### **ASCH/40/24 URGENT ITEM: Care and Health Winter Planning Update**

Members were asked to consider a Care and Health Winter Planning Update report which, with the permission of the Chair, had been added to this meeting agenda as an urgent item in order to ensure the Committee had the opportunity to review and comment ahead of the report going to the Stockton-on-Tees Borough Council (SBC) Cabinet on 14 November 2024.

Introduced by the SBC Director of Public Health, it was stated that the report was owned by the Health and Wellbeing Board and covered the Council's care and health winter planning arrangements (as part of the Board's system assurance role). The

report would be going to the Health and Wellbeing Board meeting on 30 October 2024 and covered the following elements:

- Winter planning (including integration workshops and admissions avoidance)
- Infectious disease surveillance (including COVID, flu and vaccinations)
- Health protection work with key settings (including local response)
- Adult social care support (including demand and capacity management)
- Housing
- Supporting our communities (including food support and Community Spaces)
- Consultation and engagement
- Next steps

The report outlined SBC involvement in the wider winter planning infrastructure and several elements were subsequently highlighted, including the oversight of NHS planning and co-ordination of partners by the Tees Valley Local A&E Delivery Board (LAEDB) to mitigate the impact of winter. The LAEDB was compiling a comprehensive overview of winter plan arrangements and would share this with the wider system in November 2024. Attention was also drawn to data on COVID-19 hospitalisations (which continued to have an unpredictable pattern of peaks and troughs), the Council's Rough Sleeper Team, and the wide range of support being offered to the Borough's communities.

Praising officers for presenting this report to the Committee prior to it being considered by both the Health and Wellbeing Board and SBC Cabinet, Members proceeded to raise a number of comments and questions. Commending the Council's PAMMS inspections of local care providers (robust monitoring arrangements which aided families to make informed choices), the Committee queried whether the stated '*capacity to undertake up to a further 6 assessment of services which intelligence indicates may be at risk*' (paragraph 36) would include a look into the SBC First Contact service following recent issues highlighted around the Council's 'front door'. Officers confirmed that incident reporting intelligence would help inform where future PAMMS inspections should be undertaken.

Clarity was sought on the 'ensure home first' / 'Discharge 2 Assess (D2A)' approach (paragraphs 40-42), with officers explaining that this was an initiative to get those who were medically fit to leave hospital out of such settings. Individuals were discharged to their own home where an assessment would then be undertaken to establish their care and support needs.

Noting the section on 'monitoring the impact of winter on local people and the social care workforce', Members asked if the Council's 'capacity dashboard' was available to all professionals so there was transparency around any surplus capacity in local provision. The Committee heard that the referenced 'holding list' (paragraph 43) existed due to service demand, with relevant managers meeting on a regular basis to discuss who was on it (which changed on a daily basis) and who should be prioritised.

The Committee moved its focus onto the current situation regarding COVID, commenting that local hospitalisation rates appeared higher compared to other areas. Officers stated that there was not always a pure reason for an increase in cases, but that existing ill-health (co-morbidities) made it more likely individuals would be more significantly impacted if they contracted the virus. Whilst the reasons for fluctuating COVID rates were not fully understood (it was noted that it was now harder to capture

information compared to the early days of COVID), greater proportions of people working in public-facing roles could be a factor.

Continuing with the theme of infectious diseases, Members asked if the 14 listed sites offering both COVID-19 and flu vaccines (appendix 3) was sufficient across the Borough (some anomalies with the stated and actual offer at some community pharmacies was also highlighted, including duplicate entries for Fairfield Pharmacy). Officers gave assurance that access to vaccinations was spread as wide as possible across Stockton-on-Tees and that it was up to the sites to put themselves forward to offer these. There was no indication that coverage was insufficient or that the local population was unable to get to the Borough's pharmacies, and the sites listed were the most up-to-date the Council had.

Welcoming the SBC Public Health partnership-working with the GP Federation (paragraph 21), the Committee sought feedback from the recent Winter Health Conference that was held on 1 October 2024 (paragraph 47). Officers spoke of the development of bespoke clinics supporting substance misuse which would be promoted via organisations with links to affected individuals (e.g. hostels, CGL) and through the voluntary, community and social enterprise (VCSE) sector – dates could be provided if required. Members urged the promotion of the Employment and Training Hub (the venue for the Winter Health Conference).

Concluding this item, responses to further Committee queries confirmed that production of the Winter Wellbeing Guide (paragraph 49) would include distribution of hard-copies to selected groups, and further evidence of crisis support provided by the Council (e.g. foodbanks) would be added to the report prior to its presentation to SBC Cabinet.

AGREED that the Care and Health Winter Planning Update report, and the subsequent Committee comments in relation to its content, be noted.

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