

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

A meeting of Adult Social Care and Health Select Committee was held on Tuesday 19 November 2024.

Present: Cllr Marc Besford (Chair), Cllr Carol Clark, Cllr John Coulson, Cllr Lynn Hall, Cllr Vanessa Sewell

Officers: Carolyn Nice, Rob Papworth (A,H&W); Martin Skipsey, Gary Woods (CS)

Also in attendance: Denise Ross, Jak Savage MBE (Making it Real Board); Kathryn Warnock (North East and North Cumbria Integrated Care Board)

Apologies: Cllr Nathan Gale (Vice-Chair), Cllr Stefan Barnes, Cllr Ray Godwin

ASCH/41/24 Evacuation Procedure

The evacuation procedure was noted.

ASCH/42/24 Declarations of Interest

There were no interests declared.

ASCH/43/24 Minutes

Consideration was given to the minutes from the Committee meeting held on 22 October 2024.

AGREED that the minutes of the meeting on 22 October 2024 be approved as a correct record and signed by the Chair.

ASCH/44/24 Scrutiny Review of Reablement Service

The second evidence-gathering session for the Committee's ongoing review of Reablement Service focused on a submission from the North East and North Cumbria Integrated Care Board (NENC ICB). The NENC ICB Head of Commissioning and Strategy gave a presentation to the Committee which covered the following:

- What is Intermediate Care?
- Types of Intermediate Care
- Intermediate Care – Context
- Better Care Fund (BCF)
- National Condition 2 – Enabling people to stay well, safe and independent at home for longer
- Stockton-on-Tees BCF Governance
- BCF Metrics
- Intermediate Care Framework
- Community Rehabilitation and Reablement Model

Beginning with an overview of how 'intermediate care' was defined and what it involved, it was explained that 'reablement' was one of the four main types of care

offered within this short-term support model (alongside home-based, bed-based, and crisis response care). Reablement support was delivered in someone's own home or usual place of residence, and endeavoured to help individuals recover skills, confidence and maximise independence. It was most commonly delivered by social care practitioners.

National 'Hospital discharge and community support' policy had placed increased demand / pressure on 'step-down' intermediate care services, with significant national and regional focus on 'Discharge to Assess' (rather than assessments in hospital) and early discharge (once a patient did not meet the criteria to reside) to support acute hospital pressures. To support this approach, the Better Care Fund (BCF) was used as a mechanism to bring NHS services and Local Authorities together to tackle strains faced across the health and social care system and drive better outcomes for people – this was underpinned by two core objectives; 1) to enable people to stay well, safe and independent at home for longer, and 2) provide people with the right care, at the right place, at the right time. Reablement services were one of the Stockton-on-Tees BCF schemes to meet this first objective, a metric of which was '*the proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services*'.

The BCF framework required ICBs and Local Authorities to formulate a joint plan (owned by the Health and Wellbeing Board) which was governed by an agreement under section 75 of the NHS Act (2006). A BCF Delivery Group, in conjunction with a Pooled Budget Partnership Board (PBPB), had oversight of the delivery and monitoring of this plan, reviewing current schemes and agreeing future proposals / business cases – this involved several operational working groups / forums to support transformation (including the ongoing partnership around SBCs *Powering Our Future*-related reablement developments).

Bringing the presentation to a close, the NHS England good practice guidance for ICBs (commissioners and providers) titled '*Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge*' was referenced. This document outlined what ICBs needed to do jointly as a health and care system to plan, design and deliver services, with considerations around demand, capacity and expectations. Finally, the community rehabilitation and reablement model was highlighted which demonstrated an individual's journey from admission to an acute inpatient / virtual ward, admission for rehabilitation in the community, delivery of rehabilitation interventions and, where required, transition for long-term / ongoing needs.

The Committee opened its questioning by asking if there was any flexibility in the duration of the existing six-week reablement offer and to what extent the 91-day metric was being met locally. The NENC ICB representative confirmed that the reablement service was available up to a maximum of six weeks but that, in some cases, an individual required support for a lesser amount of time. As far as the national metric was concerned, around 86% of people were still at home 91 days after discharge from hospital into local reablement or rehabilitation services (this placed Stockton-on-Tees as the third best performer in the North East and second only to Middlesbrough within the sub-region).

Continuing with the theme of data, Members sought clarity on priority area 4 (improve data quality and prepare for a national standard) of the NHS England good practice guidance for ICBs. In response, the Committee heard that the development of a

standardised dataset would aid the identification and evaluation of the best ways in which individuals can achieve independence. The intermediate care offer can vary across different locations, though the local priority was very much on people gaining and maintaining independence for as long as possible.

The Committee asked about the virtual ward model and how this was operating across the Borough. The SBC Director of Adults, Health and Wellbeing (in attendance for a subsequent agenda item) stated that whilst local performance was just behind the national average, it compared well against other regional areas. In related matters, it was also confirmed that high-level BCF metrics were considered by the Stockton-on-Tees Health and Wellbeing Board on a quarterly basis.

A query was raised as to whether the ICB received any feedback on the local reablement service from partners or the public – Members were informed that it did not as this was delivered through SBC (it was noted that the ICB was not permitted to hold patient-level data). Discussion ensued around the importance of the relationship between services and those accessing them, a crucial link which can ensure any issues were raised and addressed in a timely manner. The Committee fully endorsed engagement with service-users and those with lived experience in terms of shaping the present and future offer.

Referencing the recent expansion of the Borough's reablement offer, the Committee questioned whether the ICB supported this development. Assurance was subsequently given that the ICB supported SBCs proposal to bring the service in-house.

Returning to the NHS England good practice guidance, the Committee asked how the NENC ICB was addressing the recommended actions (up to March 2025) stated within this document. Members heard that a gap analysis had been undertaken against the intermediate care framework as part of the SBC *Powering Our Future* work, and that monitoring of developments relating to intermediate care services was conducted at the ICB place sub-committee, with the local Health and Wellbeing Board having oversight as part of BCF-related updates (the regional Integrated Care Partnership (ICP) also existed to check and challenge the status quo). Members emphasised the important role of scrutiny in holding services to account.

AGREED that the information presented by the North East and North Cumbria Integrated Care Board be noted.

ASCH/45/24 CQC / PAMMS Inspection Results - Quarterly Summary (Q2 2024-2025)

Consideration was given to the latest quarterly summary regarding Care Quality Commission (CQC) inspections for services operating within the Borough (Appendix 1). Five inspection reports were published during this period (July to September 2024 (inclusive)), with attention drawn to the following Stockton-on-Tees Borough Council (SBC) contracted provider:

Providers rated 'Good' overall (1)

- Roseville Care Centre had maintained its previous overall rating of 'Good' despite recent concerns being received by the CQC in relation to care, safeguarding, risk management, staffing, the environment, and the leadership of the home.

The remaining four reports were in relation to non-contracted providers. Homecare agency, Kensington Home Care, received an overall rating of 'Good' (with all domains graded 'Good'), whilst three dentistry services (Roseworth Dental Centre, Hardwick Dental Practice, and Grange Dental Practice) were all deemed to meet regulations.

Focus turned to the section on Provider Assessment and Market Management Solutions (PAMMS) inspections (Appendix 2), of which there were seven reports published during this period (July to September 2024 (inclusive)):

- Four services maintained their overall rating of 'Good'. Of these, The White House Care Home retained its 'Excellent' grade in the 'personalised care / support' domain, Reuben Manor improved its 'safeguarding and safety' domain from 'Good' to 'Excellent', and Windsor Court Residential Home was again deemed 'Good' across all domains. Millbeck, meanwhile, improved its 'safeguarding and safety' domain from 'Requires Improvement' to 'Good', but saw its 'suitability of staffing' domain downgraded from 'Good' to 'Requires Improvement'.
- The remaining three reports involved services which were given an overall rating of 'Requires Improvement'. Green Lodge and Roseworth Lodge Care Home were both downgraded from their previous overall rating of 'Good', whilst The Maple Care Home, despite improvements in the 'safeguarding and safety' domain (which was now 'Good'), saw all other domains deemed 'Requires Improvement'.

Commentary initially centred on those services achieving a 'Good' rating overall, with The White House Care Home benefitting from a stable management team which had been in place for a number of years (Members also noted their visibility within the community in facilitating activities for residents). Given the historic issues faced by both settings, the Committee was particularly pleased to read the feedback on Reuben Manor and Windsor Court Residential Home, with officers stressing the achievements of the former in obtaining an 'Excellent' grade for its 'safeguarding and safety' domain – a level which was hard to reach given the very high bar used by the SBC Quality Assurance and Compliance (QuAC) Team.

Attention switched to local provision requiring improvement. A change of leadership involving the recruitment of a new manager and deputy manager at Green Lodge was highlighted, as was the uncovering of issues which were now being addressed (the provider was actively engaging with SBC and was demonstrating improvement). In terms of Roseworth Lodge Care Home, inspection outcomes were disappointing given the previous support they had received from SBC, and it was felt that failings in management were at the heart of the service's shortcomings (which included a lack of assurance around adequate DBS checks). In response to a Committee query around the availability of peer mentoring between care homes, Members heard that Roseworth Lodge had been referred for support from SBC Transformation Managers, but that ultimately the service needed to get better at helping itself. The local Leadership Network, where providers worked more collaboratively, was also noted.

The outcomes from The Maple Care Home inspection were discussed, with officers commenting that the Council had faced challenges with this provider over a number of years. A new manager was now in post which had led to increased engagement with SBC. However, the service was close to being placed in the Responding to and Addressing Serious Concerns (RASC) process, with a required Action Plan still yet to be submitted (this was being chased).

AGREED that the CQC / PAMMS Inspection Results – Quarterly Summary (Q2 2024-2025) report be noted.

ASCH/46/24 Making it Real Board - Update

The Committee received an update on the work of the Making it Real Board which was created in early-2024 to help shape the delivery of Stockton-on-Tees Borough Council (SBC) services. Introduced by the SBC Director of Adults, Health and Wellbeing, key elements were outlined as follows:

- What: The Making It Real Board (MIRB) was a user-led group made up of people with lived experience who were accessing, supported people who were accessing, or may benefit from services delivered by Adults and Health.
- Why: The MIRB was a strategic group, with a clear Terms of Reference to collaborate directly with senior colleagues on work the Council planned to do / was currently doing, and to contribute towards future services. MIRB was about co-production, not engagement.
- Who: The MIRB had a core membership of people with lived experience, supported by SBC officers from the Commissioning Team and senior staff from Adult Social Care. As the MIRB had evolved over the past nine months, there had been some movement in membership from those with lived experience. Further work would need to be progressed to expand the pool of people who would like to engage in this process from across the population to ensure positive representation.
- How: The MIRB met monthly and, where necessary, had established task and finish groups to work on areas of interest.
- Where: The MIRB had recently completed the development of the Council's first 'Local Account', which would be published if there was agreement at SBC Cabinet on 14 November 2024. For 2025-2026, the MIRB would be working with partners to review and refresh the Adult Strategy 2025-2029 (there was an aspiration for this to be a co-produced document rather than one written solely by officers).

The Board's Chair and Vice-Chair were both in attendance to comment on the achievements made since its inception earlier in the year. Emphasising the importance to her personally about ensuring the voices of those with lived experience were heard and that Board members considered perspectives wider than their own circumstances, the Chair stated that the Board's remit was to drive, alter, influence and shape thinking around services. Crucially, there was a desire for the Board's feedback to be listened to and actioned.

The Chair felt that SBC was leading the way in providing a platform for such a group (other locations were now setting up similar arrangements), and that the Board had a genuine feel about it. Investigative work had been undertaken across all areas of the Council and the Board had been empowered to report on what was important to those with experience of services and what such individuals wanted to know. The citizen-to-citizen relationship was key, and the co-production of service planning was now important to the Care Quality Commission (CQC) – the Board's existence should therefore put SBC in a good position ahead the forthcoming CQC inspection of its adult social care provision.

The Vice-Chair added that the Board had spoken to different SBC departments, had presence on the Council's website (which had included discussions on making this information accessible for all), and was trying to encourage engagement from people with all types of disability. The feeling of being listened to and involved was echoed, with the recently collated 'Local Account for Adults, Health and Wellbeing' being a good example of this (a document which could be brought to a future Committee meeting if requested) – positive experiences in liaising with the Local Government Association (LGA) to report on the Board's work was also noted, something which had prompted the initiation of similar set-ups elsewhere. Whilst the Chair and Vice-Chair were in post for three years, there was, however, a need to recruit more members to the Board.

Thanking the Board for its work (in particular the new Local Account) since being formed, the Committee praised those involved for using their own experiences to benefit others. Members were also pleased that the Board had engagement with the SBC Cabinet Member for Adult Social Care, and drew attention to the similarities between the Committee and the Board in holding services to account – as such, maintaining a partnership with each other would be helpful in getting things right at grass-roots level. The SBC Director of Adults, Health and Wellbeing noted that the Board was an evolving entity which might look different in 2025 – ultimately, though, it was about how the Council becomes more accountable to its communities.

Referring to the earlier comment about increasing Board membership, the Committee probed the current arrangements and any perceived gaps in representation. In response, the importance of the whole Board promoting equality, diversity and inclusivity was stressed, as was the need to get notice of its existence out to all areas of the Borough (using print and online methods, including press coverage). This month's focus was on building a recruitment policy (covering a range of ages, backgrounds and experiences), with the hope of doubling membership from the current six to 12.

The Committee asked what level of budget was linked to the Board and whether the Local Account would be produced in hard copy. For the former query, it was stated that £15,000 had been sourced from the NHS for the purposes of co-production of services – for the latter, assurance was given that printed copies of the Local Account would indeed be made available and places in appropriate locations (e.g. libraries / surgeries).

AGREED that the Making it Real Board update be noted.

ASCH/47/24 Chair's Update and Select Committee Work Programme 2024-2025

CHAIR'S UPDATE

The Chair notified the Committee that he would be interviewed by the Care Quality Commission (CQC) next week as part of the regulator's impending visit to inspect the Stockton-on-Tees Borough Council (SBC) adult social care function.

The SBC Director of Adults, Health and Wellbeing added that CQC inspectors would be onsite for two days and would also be talking to a range of personnel including herself, staff within the directorate (sessions for whom had been held to prepare them for the visit), the SBC Chief Executive, and the SBC Cabinet Member for Adult Social

Care. Informal feedback was scheduled to be received on 5 December 2024, though the formal report was unlikely to be available until early-2025 (which would be shared with the Committee).

It was noted that feedback following inspections of other Local Authority adult social care provision had highlighted the role of Council scrutiny functions – as such, there may be some learning for the Committee.

WORK PROGRAMME 2024-2025

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 17 December 2024 and would include the latest update from North Tees and Hartlepool NHS Foundation Trust regarding its maternity services. Evidence-gathering for the ongoing review of Reablement Service would also continue with anticipated contributions from local NHS Trusts.

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

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