ADULTS SCRUTINY COMMITTEE
6 APRIL 2016

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors R C Kirk (Vice-Chairman), W J Aron, S R Dodds, B W Keimach, J R Marriott, Mrs A E Reynolds, Mrs N J Smith, M A Whittington, Mrs S M Wray and Ms T Keywood-Wainwright.

Councillors: Mrs P A Bradwell (Executive Councillor Adult Care and Health Services, Children's Services), C R Oxby (Executive Support Councillor for Adult Care), Mrs J M Renshaw and Mrs S Woolley (Executive Councillor NHS Liaison, Community Engagement) attended the meeting as observers.

Officers in attendance:-

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Glen Garrod (Director of Adult Care), Deanna Westwood (CQC Inspection Manager for Lincolnshire), Lynne Bucknall (County Manager, Special Projects and Hospital Services) and Melanie Wetherly (Chairman of the Lincolnshire Care Association).

59 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence had been received from Councillor Mrs H N J Powell.

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, had appointed Councillor Ms Tiggs Keywood-Wainwright as a replacement member of the Committee in place of Councillor Mrs H N J Powell, for this meeting only.

60 DECLARATION OF COUNCILLORS' INTERESTS

No declarations of Councillors' interests were received at this stage of the proceedings.

61 MINUTES OF THE MEETING HELD ON 24 FEBRUARY 2016

RESOLVED

That the minutes of the Adults Scrutiny Committee meeting held on 24 February 2016 be confirmed and signed by the Chairman as a correct record.

62 CARE QUALITY COMMISSION - ADULT SOCIAL CARE INSPECTION UPDATE

Consideration was given to a report, which provided the Committee with a position statement on the progress and themes coming out of the Care Quality Commission's (CQC) inspections of Adult Social Care services in Lincolnshire.

It was highlighted in the report that the Committee was to bear in mind that the CQC was not subject to Local Authority Scrutiny, and that the relationship was an informal one based on an understanding, trust and joint aspiration to improve services by sharing insight and complementing each other's roles. The Committee noted further that the CQC was neither a commissioner, nor a provider of services.

It was reported that the role of the CQC was to monitor, inspect and regulate all health and social care services in England to ensure that they met fundamental standards of quality and safety within the framework of the Health and Social Care Act 2008.

Deanna Westwood, CQC Inspection Manager, Lincolnshire, provided the Committee with a short presentation, which focussed on the Adult Social Care Re-inspections in East Midlands. The presentation highlighted the number of ratings which had improved, stayed the same or deteriorated following re-inspection. Slide two identified that for the 21 re-inspections 5% had deteriorated, 67% had neither improved nor declined; and 29% had improved. Clarification was given to the Committee that slide two related to re-inspections and that this only applied to the 21 re-inspections in Lincolnshire.

Slide three provided overall ratings with regard to residential nursing homes. The Committee noted that the ratings in the East Midlands were broadly comparable with England, in that there were some apparent differences at local authority level. It was reported that overall, Lincolnshire was in line with the average East Midlands level and across England. For nursing home ratings for the 57 inspections carried out, Lincolnshire had 47% that required improvement; and 53% that were rated as being good. In relation to residential homes, of the 108 rated, 1 had been found to be inadequate, 28% required improvement; 70% had been rated as good; and 1% had been found to be outstanding.

Some discussion ensued as to what equated a rating of inadequate. The Committee was advised that at the centre of all the work carried out by CQC inspections was the effect on the person, and whether the person was in a safe environment. It was noted that when inspectors made an assessment, they used their professional judgement, in conjunction with objective measures and collected evidence, to assess the services they were inspecting against key questions. The key questions included safety; effectiveness; caring; responsiveness to needs; and leadership qualities. The Committee was advised further that information relating to how the CQC conducted their inspections was available on the CQC website.

The Committee was given examples of what could potentially make a rating of either outstanding, or inadequate. It was highlighted that the CQC did not have the powers

to bring in new management into an establishment, however, if the risks were found to be significant, the CQC did have the power to cancel a location urgently. Or, if a service had not improved and there were still poor outcomes for customers, an establishment's registration could be cancelled; the provider would then have 28 days in which to make a challenge. The Committee noted that if a home was closed there was significant impact on residents and this action would only be taken done as a last resort. For any establishments not complying, the inspector was able to suspend admissions until the issues raised had been rectified.

Other items raised during discussion included the following:-

- Assessing standards, how much credence was given to comments made by residents. The Committee was advised that lots of views would be collected from staff, residents, and relatives of residents. Other evidence would be obtained in support of any claim, and this might also involve looking at records. It was highlighted that evidence was always gathered from all sources before any judgement was made;
- The options available if a provider was put into "special measures". The Committee was advised that the CQC was unable to give advice directly to providers on how to improve; however, providers were able to obtain help from others including the County Council and Lincolnshire Care Association (LinCA). The main problem was where providers were not prepared to listen; this caused the CQC the most problems. One member asked whether there was a standard level of provision that providers needed to aspire to. The Committee were advised that there was not a required standard, however as the services have to be registered with the CQC, if establishments were not fit for purpose and had little understanding of what they were doing, registration could be refused;
- Whether the voluntary sector applied any charges. It was noted that no charge was made at the moment, however, the service was still in its infancy stages;
- Whether domiciliary care in Lincolnshire was in line with other areas; and whether any services had deteriorated since the last inspection, and whether there were any common themes. It was reported that a very small percentage of the 21 assessed had deteriorated. No themes had emerged. One area however that was common was that some providers did not want to listen, or engage better, and were just "coasting". The Committee noted that all information was contained on the website; and if there were cases where concerns had been raised to elected members, these concerns should be passed on to the Director of Adult Care and his team;
- A suggestion was made to hold a conference to share best practice with providers. The Committee noted that work was ongoing to raise the profile of care workers with the implementation of an Awards Ceremony; also work was ongoing with colleges regarding courses;
- Visits to providers. The Committee was advised that CQC visits were not normally announced, and could be undertaken at any time of the day. However, in smaller establishments who had patients with learning disabilities, these establishments would normally be given 48 hours' notice, so as to avoid any unnecessary disruption. Overall, 90% of visits were unannounced. Full

details of the criteria used were show on the CQC website. In situations where ratings had been made as being inadequate or outstanding these would be assessed by a Panel to test the evidence supplied;

- Registration – The Committee noted that in the future it was hoped that there would be a separate registration team, which would be bespoke to meet the needs of the different services; and the various lines of enquiry. The Committee noted further that details were contained within the CQC Business Plan, which was available on the CQC's website (www.cqc.org.uk);
- Governance arrangements – The Committee was advised that regular Board meetings were held to discuss workload. These were also available anyone to view via 'You Tube'. It was also highlighted that the CQC was also accountable to the Department of Health and to Parliament, via and the Health Select Committee;
- One member asked what single item caused the team more problems than anything else. The Committee was advised that the single item that caused most problems to providers was staffing issues and organisational culture;
- Available Qualifications – It was noted that there was a Care Certificate, which was fundamental to all staff. The certificate however was not mandatory; and there was no expected financial reward for completing the certificate. It was noted further that for all contracts in Lincolnshire going forward, a clause had been included with regard to using the Care Certificate. This had been done with support from NHS England and the Executive Councillor responsible for Adult Care. There was some discussion on the need to enhance the role of care workers, especially with the growing numbers of older people in Lincolnshire. It was highlighted that the Greater Lincolnshire Devolution Bid had shown made reference to health and care, and if the intentions of the bid were achieved there would be money available to get skills funding in areas where trained people were required. It was also highlighted that there were also vocational routes that carers could embark on;
- The Committee was advised that very few County Councils had the same relationship with an organisations representing care providers, as Lincolnshire County Council had with LINCA; and
- The needs to get district councils involved in the first Award Event; and encourage district and county councillors to encourage people in the community to nominate individuals.

The Chairman extended thanks on behalf of the Committee to the CQC Inspection Manager, Lincolnshire for her informative presentation.

RESOLVED

That the Committee noted the presentation and report presented.

63 ADULT CARE SEASONAL RESILIENCE

The Committee gave consideration to a report from Lynne Bucknell, County Manager, Special Projects & Hospital Services, which provided information relating to the winter to date from an acute hospital Adult Care perspective. It was reported that

hospital teams continued to be robust in their work with health colleagues ensuring that the person and their carer were always at the centre of their plans for discharge.

The report presented focussed on the resilience of hospital teams supporting United Lincolnshire Hospitals NHS Trust (ULHT) and Peterborough and Stamford Hospitals NHS Foundation Trust. The Committee was advised that Adult Care had worked with health colleagues to ensure that there was a robust winter plan in place for the whole system. Appended to the report at Appendix A was a copy of the Lincolnshire System Resilience Group System Wide Plan 2015/16). Appendix B provided the Committee with a copy of the Lincolnshire County Council Winter Plan for 2015/16; and Appendix C provided a copy of the Transitional Care Pathway.

It was highlighted to the Committee that in mid-October 2015 the Emergency Care Improvement Programme (ECIP) had been launched. It was noted that ULHT was one of the 28 most challenged systems across England being supported by the ECIP Team. ECIP was a clinically led programme designed to offer intensive practical help and support to urgent and emergency care systems to deliver improvements in quality, safety and patient flow. It was noted further that ECIP support had remained in place until 31 March 2016. As part of the ECIP approach to facilitating improvements in Lincolnshire the team had visited specific ULHT sites where they focussed on issues within the acute strategy and finance, staffing, medical leadership, IT systems supporting flow, management, discharge issues and social care and associated community services.

The report highlighted that ECIP had stated "There is a good presence in each of the units, hospital discharge staff seem to be well supported by social care colleagues". It was also noted that social care staff were well embedded as part of the multi-disciplinary teams.

One thing that ECIP had organised was a "perfect week" to analyse flow within the acute sector, one had been held in February 2016, and a further one had been held at Easter 2016.

Page 16 of the report provided information relating to the Adult Care Hospital Teams. The Committee was advised that Lincoln County Hospital had 14 staff, Pilgrim had 13 staff, Grantham had 7 and Peterborough had 9 staff in the dedicated teams supporting Lincolnshire residents to safely return home following their hospital stay. It was highlighted that discharges from other hospitals including Queen Elizabeth Hospital, Kings Lynn, Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby were also supported by the local teams.

It was highlighted that during a nine month period from April 2015 to December 2015, an average of 53 referrals a week had been received across ULHT and Peterborough hospitals teams. The Pilgrim Hospital, Boston had the highest number of referrals totalling 84 a week. Details of Acute Hospital Contacts from 1 April 2015 to December 2015 were detailed at the bottom of page 16 of the report presented.

It was reported that there had been a deteriorating position on Delayed Transfers of Care (DTOC) over the last 12 months. The re-procurement of homecare and

reablement contracts had seen the statistics on the organisations responsible for DTOCs change. The figures were as follows:-

- 2014/15 – DTOC split – NHS 86%, Social Care 10%, Both 4%;
- 2015/16 – DTOC split to date – NHS 79%, Social Care 17%, both 4%; and
- In November 2015: NHS 74%, Social Care 24%, Both 4%.

The Committee noted that most of the DTOC remained with health and were around 'simple' discharges which were delayed by health. Page 18 of the report presented provided information relating to DTOC – Bed Days, which could clearly be seen as being on the increase.

The Committee were advised that during the winter months, Adult Care had met the eligible needs of a person if the home care, or reablement had not been available immediately then a residential placement had been made. Only a limited number of these placements had been made. The Committee was advised further that the time to arrange home care had seen a significant improvement from a December figure of 19.66 days to 6.33 days.

It was highlighted that over the last two years health and care colleagues had been working towards a vision of simpler pathways, particular reference was made to multi-disciplinary team decisions being made when a patient was ready for transfer. Details of the four clear pathways were detailed in Appendix B to the report presented. It was highlighted further that during the last winter a new initiative had been trialled to further improve discharges and reduce delays for people whose next move was to a care home. The initiative was to have a 'Trusted Assessor' from the care home sector who could represent the homes in the acute hospital. Adult Care had used part of the previous winter's 'Helping People Home' grant to finance a 12 month project to test the theory. The Lincolnshire Care Association had recruited a suitable person. The initial evaluation had indicated that over a 12 month period at Lincoln County Hospital, 724 bed day delays would have been saved, making a saving for the acute sector of £220,000.

In conclusion, the Committee noted that the winter had proven to be exceptional, as a result of the transition into the new contract for Lincolnshire County Council's providers for home care and reablement. The winter had also seen Norovirus close the equivalent of four wards at Lincoln County Hospital in December 2015, which had also added pressure to the system.

Adult Care had seen an improving picture with regard to Delayed Transfers of Care. Adult Care had also continued to play a leading part in system redesign i.e. the establishment of new hubs, a successful care home trusted assessor project and an increase in the number of people following a 'discharge to assess' pathway which had reduced length of stay in acute hospitals.

A discussion ensued, from which the following issues were raised:-

- The 6.3 patients requiring a home care package; a question was asked whether these individuals would remain in hospital, or go into a care facility.

The Committee was advised that if the person was medically fit and a suitable home care provider was found then the person would go home. If there was any delay in obtaining suitable home care, then Adult Social Care would fund a bed for a short period of time, until the provider could get the right package in place. For example, in relation to one instance, the Committee noted that 6-8 people had been provided services by Allied Health Care. It was highlighted that people were generally discharged earlier now due to pressure in the acute sector, and if an individual had no relatives, this was when the package of care needed was at its greatest. Some members felt that nationally people were discharged from hospital too soon, some concern was raised to the fact that on release from hospital, some older people had a tendency to deteriorate quickly;

- Where there were delays in transfer i.e. to a home in a rural location. It was reported that most people went home without delay; some had to wait until there was a vacancy, as a placement in a care home would depend on needs and availability;
- The Committee was reminded that Allied Healthcare would be attending the 25 May 2016 meeting with regard to the Lincolnshire Assessment and Reablement Service;
- Reference was made to the impact of Lincolnshire Health and Care on future service provision;
- Delayed transfer being as a result of no ambulances being available. It was noted that CCG's were looking into transport issues;
- Delays in transfer for patients requiring a higher level of home care in the South of the County. The Committee was advised that packages were taking longer to arrange in the South of the County. The Committee also noted that Peterborough hospital was being challenged concerning its recording of delayed discharges. This was also being backed by NHS England; and
- Notification process within hospitals when older people were admitted. The Committee was advised that quite often GP's were not aware that their patients had been admitted. Adult Care staff attended Board round meetings every day, or visit the wards every day to take the names down to see if any were on the Care Management System. The Committee noted also that members of the Adult Care team also position themselves nearer to the front door to get the information quicker. The Committee expressed concern with regard to communication between health and social care, and the fact that there was not an IT system at present which would allow the two areas to communicate better. It was highlighted that currently the NHS was very busy and that there was currently 25% to 30% number of job vacancies within the service. As a result, the service was operating with a lot of agency staff, and in some cases Adult Care staff were the only consistent staff in the service.

RESOLVED

That the report presented be noted.

64 ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report by Simon Evans, Health Scrutiny Officer, which enabled the Committee to consider its work programme for its forthcoming meetings.

The Committee was asked to consider a request from the Health Scrutiny Committee regarding looking into the issue of delayed transfers of care, and then reporting its findings back to the Health Scrutiny Committee. The Chairman agreed that this would be considered at the next planned agenda setting meeting.

The Executive Support Councillor for Adults provided the Committee with a brief update on the minutes of the Lincolnshire Safeguarding Scrutiny Sub-Group Meeting from its meeting on 6 January 2016, which would be included in the Committee's next agenda.

RESOLVED

1. That the work programme as detailed in Appendix A to the report presented be noted.

2. That the request from the Health Scrutiny Committee concerning delayed transfers of care be considered further at the next pre-agenda meeting.

The meeting closed at 12.20 p.m.