

**INTEGRATED CARE AND WELLBEING SCRUTINY PANEL**

**Day:** Thursday  
**Date:** 13 June 2019  
**Time:** 6.00 pm  
**Place:** Committee Room 1, Tameside One

Item No.	AGENDA	Page No
1.	<b>APOLOGIES FOR ABSENCE</b>	
2.	<b>MINUTES</b>  To approve as a correct record, the Minutes of the proceedings of the Integrated Care and Wellbeing Scrutiny Panel held on 14 March 2019.	1 - 2
3.	<b>STATUTORY GUIDANCE FOR OVERVIEW AND SCRUTINY</b>  The Panel to receive a briefing note on the national scrutiny guidance published in May 2019, to inform the approach and activity for 2019/20	3 - 4
4.	<b>ANNUAL WORK PROGRAMME</b>  The Panel to agree the Annual Work Programme for 2019/20.	5 - 6
5.	<b>CHILDREN'S WORKING GROUP</b>  The Chair to update members on activity of the Children's Working Group and to establish a fixed membership for 2019/20.	7 - 8
6.	<b>QUALITY OF CARE HOMES</b>  The Panel to receive the report and Executive Response to the review undertaken on the Quality of Care Homes in Tameside during 2018/19.	9 - 16
7.	<b>DATE OF NEXT MEETING</b>  To note that the next meeting of the Integrated Care and Wellbeing Scrutiny Panel will take place on Thursday 25 July 2019.	
8.	<b>URGENT ITEMS</b>  To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	

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## **Integrated Care and Wellbeing Scrutiny Panel** **14 March 2019**

**Commenced:** 6.00pm

**Terminated:** 7.40pm

**Present:** Councillors Peet (Chair), T Smith (Deputy Chair), Affleck, Billington, Cooper, S Homer, Jackson, Mills.

**Apologies for absence:** Councillors Cartey, Gosling, Taylor, Welsh.

### **37. MINUTES**

The minutes of the meeting of the Integrated Care and Wellbeing Scrutiny Panel held on 10 January 2019 were approved as a correct record.

### **38. CARERS IN TAMESIDE**

The Panel welcomed Sandra Whitehead, Assistant Director, Adult Services; and Julie Moore, Integrated Neighbourhood Manager, to receive a progress update on past recommendations from the review of Carers undertaken in 2017.

Panel members received an updated Executive Response template with current information and actions against all of the original recommendations and responses. A specific area of concern for members was the identification of health needs across carers and the ability of agencies to provide the necessary support.

It was reported that recent integration work has provided enhanced opportunities for the Council to work much more closely with health colleagues, including GPs and District Nurses. General health needs are considered as part of the Carers Assessment and this is further supported by work with primary care and the CCG to identify and implement wider contract specifications. This includes the encouragement of GPs to offer an annual health checks for registered carers and discharge protocols from secondary care when returning home to fulfil a caring role.

It was reported that similar work streams are also focused on picking up on the ability of carers to seek advice and support and projects targeted to reduce loneliness and social isolation. The Panel heard that the Carers Centre will move to Tameside One in the near future, which will improve general accessibility and footfall, with improvements made to signage and general signposting from partners.

The Panel expressed further interest in the needs of young carers in Tameside, with options to arrange a more specific update from Children's Services in 2019/20.

**Resolved:** That Ms Whitehead and Ms Moore be thanked for attending the meeting.

### **39. SCRUTINY BUDGET LETTER**

The Chair updated members on the Scrutiny Budget Letter submitted to the Deputy Executive Leader and the Director of Finance (Section 151 Officer) on 30 January 2019. This was the first occasion that the invitation had been extended to all scrutiny members, with briefing sessions held on 28 January 2019. The letter provides a formal response to the consultation

and includes a summary of the main discussion points.

#### **40. CHILDREN'S WORKING GROUP**

The Deputy Chair updated members on the information received at the two meetings of the working group that have taken place on:

- 16 January 2019 – Reading Attainment.
- 27 February 2019 – Pupil Attendance.

A formal response paper, with recommendations to the Executive, will now be drafted and signed off by the group at the next meeting on 3 April 2019.

#### **41. QUALITY OF CARE HOMES**

The Chair introduced a report, with recommendations, which concludes recent activity on the Quality of Care Homes in Tameside. The paper is to be shared with the relevant Executive Member, with the Panel to then receive a formal response.

**Resolved:** That the report be sent to the relevant Executive Member for response.

#### **42. CHAIR'S UPDATE**

The Chair provided a verbal update and recap on activity undertaken by the Panel, the improved responsiveness in reporting and links with the Executive. This included:

- Children's Services Improvement
- Suicide Prevention
- Quality of Care Homes
- Over the Counter Medicines
- Training for all Scrutiny Members
- Monthly update emails
- Scrutiny budget session for all members

#### **43. DATE OF NEXT MEETING**

To note that this is the last meeting of the Integrated Care and Wellbeing Scrutiny Panel for the 2018/19 municipal year.

#### **44. URGENT ITEMS**

The Chair reported that there were no urgent items for consideration at this meeting.

**CHAIR**

## **Statutory Scrutiny Guidance – May 2019**

The new statutory guidance, published in May 2019, is from the Ministry of Housing, Communities and Local Government. Local authorities must have regard to it when exercising their scrutiny functions and it is directly aimed at local authorities in England. In particular attention is drawn to the purpose of overview and scrutiny, what effective scrutiny looks like, general conduct and the benefits it can bring.

There is recognition to the way each authority approaches scrutiny, the different procedures in place and acknowledgement that what works well for one may not work for another. This briefing note summarises the key points and recommendations published in the guidance to inform scrutiny practice in Tameside.

### **Effective Overview and Scrutiny should:**

- Provide constructive ‘critical friend’ challenge.
- Amplify the voices and concerns of the public.
- Be led by independent people who take responsibility for their role.
- Drive improvement in public services.

While everyone in an authority can play a role in creating an environment conducive to effective scrutiny, it is important that this is led and owned by members, given their role in setting and maintaining the culture of an authority. It is important to remember that the effectiveness of scrutiny, or lack thereof, is often considered by external bodies such as regulators and inspectors.

Authorities can establish a strong organisational culture by:

### **Recognising Scrutiny’s legal and democratic legitimacy**

All members and officers should recognise and appreciate the importance and legitimacy scrutiny is afforded by law. Councillors, by nature, have a closer connection and insight to residents and local people, which in itself brings a unique legitimacy with the ability to consult and seek views and opinions.

### **Identifying a clear role and focus**

Prioritisation is necessary to ensure the scrutiny function concentrates on delivering work that is of genuine value and has relevance to the wider work and priorities of the authority. This is often one of the most challenging parts of scrutiny and a critical element to get right if it is to be truly recognised as a strategic function.

A clear division of responsibilities between scrutiny and audit functions. While it is appropriate for scrutiny to pay due regard to the authority’s financial position, this will need to happen in context of the formal audit role.

### **Engagement between the Executive and Scrutiny**

To ensure early and regular discussion takes place between Scrutiny and the Executive, especially with regarding activity and work programmes. The Scrutiny Chair should determine the nature and extent of an Executive Member’s participation in both formal and informal activity of the Panel.

### **Influence**

Scrutiny does have the power to ‘Call In’ decisions and to ask the Executive to reconsider before implementation. This should not be viewed as a substitute for early involvement in the decision making process or as a party political tool.

Appointed Scrutiny Chair’s should pay special attention to the need to guard the Panel’s independence. Importantly, they should take care to avoid the committee being viewed as, a de facto opposition to the Executive.

## Access to information

Scrutiny members should have access to a regularly available source of key information. This can link directly to performance and risk to inform work priorities. While each request for information should be judged on its individual merits, it is best practice to adopt an agreed position of sharing information that is deemed to be appropriate for the remit and role of scrutiny.

## Planning work

While scrutiny has a range of oversight powers, it can be difficult for authorities to support a function that carries out generalised reviews across a wide range of issues experienced by residents. Prioritisation is necessary, which means that while there might be things that, despite being important, scrutiny will not be able to look at.

Applying this focus does not mean that certain subjects are 'off limits'. It is more about looking at topics and deciding whether their relative importance, given available timescales and resource, justifies the positive impact that scrutiny involvement could bring.

The approach to shortlisting topics should reflect scrutiny's overall role within the authority. When considering whether an item should be included in the work programme, the questions to consider are:

- Do we understand the benefits scrutiny would bring to this issue?
- How could we best carry out work on this subject?
- What would be the best outcome of this work?
- How would this work engage with activity of the Executive and other decision makers, including partners?

Scrutiny Panels should consider keeping work priorities under regular review. It is likely to be easier to do this outside of the committee, or to bring a more formal update as a matter of course.

## Carrying out work

Selected topics can be scrutinised in several ways, including:

- **Single agenda item at a formal panel meeting** – can present limited opportunity for effective scrutiny, but may be appropriate for some issues or where the committee wants to maintain closer oversight to a specific issue.
- **A single (one-off) meeting** – This can provide an opportunity to have a single public meeting about a given subject, or to have a meeting at which evidence is taken from a number of witnesses.
- **Task and finish** – short, sharp scrutiny reviews are likely to be most effective even for complex topics. The focused approach can ensure members can swiftly reach conclusions and make recommendations.
- **Longer and more in-depth reviews** – activity spread over a longer period can still be appropriate in certain instances. However, the nature of this work and time commitments can present further issues, unless for the most complex matters.
- **Establishing a standing panel** – this may be necessary to keep a watching brief over a local issue, especially where members feel a need to convene regularly to carry out such oversight.

## Planning and preparation

Good preparation is a vital part of conducting effective evidence sessions. Members should have a clear idea of what is needed from each meeting and appreciate that success will depend on their ability to work together on the day. Effective planning should mean that at the end of a session it is relatively straightforward for the Chair to draw together themes and highlight key findings.

In order to improve the responsiveness of scrutiny activity it may be necessary for the Chair to seek approval of members to progress review activity outside of the formal meetings in a way to prevent delay in key findings and recommendations being shared with the Executive.

## **SCRUTINY ACTIVITY AND WORK PROGRAMMES – 2019/20 / 2020/21**

Work has been undertaken to develop a list of topics for consideration. This includes review topics and planned updates, 'check and challenge', for the year ahead. The discussion will directly inform the Scrutiny Annual Work Programmes for 2019/20 and into 2020/21, to be tabled at the meeting of Overview (Audit) Panel on 29 July 2019.

In the main, Scrutiny activity will be planned and delivered in line with 2018/19. The six formal meetings will be used to receive updates, approve reports, the evaluation of past recommendations and shorter reviews.

Plans are in place to keep scrutiny members informed on the range of engagement and consultation activity taking place both within the Council and across partners. Where deemed appropriate, the wider development of scrutiny may include project support and service development work under the supervision of the Executive.

### **Topics for consideration**

<b>Integrated Care and Wellbeing Scrutiny Panel</b>
<b>Consultation Response / Input to Policy Development</b>
• Age Friendly (ongoing)
• GM Drug and Alcohol Strategy (ongoing)
• Support for victims of domestic abuse in safe accommodation (National – 2 August 2019)
• SEND and AP provision: call for evidence (National – 31 July 2019)
• The Panel to receive regular updates during the year regarding new and emerging areas.
<b>Quick review 'Check and Challenge'</b>
• Children's Services Improvement
• Urgent Care - impact
• Children's safeguarding arrangements
• Adults – homecare commissioning and new delivery model
• SEND – commissioning and provision
• Foster Carers – recruitment and retention
<b>In-depth Review</b>
• Children's mental health and wellbeing
• School Attendance / Exclusions
• Early Help Offer to Children and Families – demand/sustainability
<b>Follow-up / Past Recommendations / Ongoing</b>
• Children's Services Improvement
• Suicide Prevention
• Quality of Care Homes

<b>Place and External Relations Scrutiny Panel</b>
<b>Consultation Response / Input to Policy Development</b>
• GM Clean Air (30 June 2019)
• GM Plan for Homes, Jobs and Environment (2 <sup>nd</sup> phase autumn 2019)
• GMCA Culture Strategy (Consultation mid 2019)
• GM 5 Year Environmental Plan (launched March 2019)
• Local Industrial Strategy (ongoing)
• The Panel to receive regular updates during the year regarding new and emerging areas.
<b>Quick Review 'Check and Challenge'</b>
• Private Rented Sector – improving quality and standards
• Community Safety Partnership / Strategy
• Libraries – Open+ implementation and impact
• Outdoor spaces - public realm / parks / playgrounds / countryside
<b>In-depth Review</b>

• Green Agenda – environmental impacts / energy use / plastics / key partners
• Customer contact – experience / impact / complaints / tracking
• Asset management / land sales
<b>Follow-up / Past Recommendations / Ongoing</b>
• Homelessness
• Procurement arrangements – contracts / delivering value for money / STAR

**Proposed Timetable**

**11 June 2019** – PER Scrutiny Panel – approves / signs off the programme.

**13 June 2019** – ICW Scrutiny Panel – approves / signs off the programme.

**29 July 2019** – Overview (Audit) Panel - to receive the final Scrutiny work programmes.



## **CHILDREN'S WORKING GROUP – 2019/20**

### **TERMS OF REFERENCE**

#### **RATIONALE**

The Children's Working Group is instructed as a fixed sub-group of the Integrated Care and Wellbeing Scrutiny Panel for 2019/20. The group will have a specific remit to consider matters relevant to Children's Services and Education.

Seeking the lived experience and wishes of children and young people about the services they receive must be an active driver for decision-making and service development. The group will look to ensure that there are sufficient and adequate mechanisms in place to encourage participation, with the aim to inform service delivery.

To do this the working group will meet with stakeholders, review existing documentation and assess a range of information and evidence. The group does not make decisions about service provision but will provide comment and recommendations to support services in capturing the views and experiences of children and young people.

#### **SCOPE & OBJECTIVES**

The scope and objectives of the Children's Working Group are to:

- Create a fixed membership to include elected members from the Integrated Care and Wellbeing Scrutiny Panel, co-opted young people and co-opted adults.
- Seek to identify and establish a working list of topics for consideration.
- Deliver statutory functions when educational matters are considered.
- Promote 'critical friend' challenge to the improvement process.
- Ensure young people and adults feel safe and able to voice any concerns.
- Encourage broader participation opportunities for young people.
- Review the variety of methods available for residents and young people to communicate their views.
- Ensure that Children's Services continue to use the findings from participation and engagement in strategic and operation improvement, as well as in individual case decisions.
- To encourage participation to a range of local and regional consultations.

#### **OVERSIGHT AND REPORTING**

The Chair of the Integrated Care and Wellbeing Scrutiny holds responsibility for the oversight and approval of activity undertaken by the Children's Working Group. The working group is to be chaired by the Deputy Chair of the Scrutiny Panel.

The Children's Working Group will establish a work pattern whereby every meeting will have set objectives and measured outcomes, in the form of a response paper or letter. Findings and actions from the meeting will be tabled and presented at the next available meeting of the Integrated Care and Wellbeing Scrutiny Panel, for information and sign off. To prevent any delay in reporting, all findings and papers will be shared directly with the Chair of the Integrated Care and Wellbeing Scrutiny Panel prior to submission.

#### **STATUTORY ROLES**

As part of the Children Act 1989 it is the duty of the authority in its care of children and young people, to listen to and base improvements on the wishes and feelings of children and young people on matters that affect them. A further statutory requirement for the Integrated Care and Wellbeing Scrutiny Panel is to include co-opted representatives when dealing with educational matters.

## **ACTIVITY**

The Children's Working Group will:

- Ensure that designated groups and networks for children and young people are being listened to and adequately supported to have their voice heard on a strategic level. This includes testing whether individuals and groups are being listened to by the bodies responsible for implementing change.
- Ensure that the voice and lived experiences of young people are acted upon on an individual level. To include examination of how this is evidenced across Children's Services and Educational services.
- Include evidence from external challenge mechanisms and regulators, for example complaints; whistleblowing; Serious Case Reviews; examples of respectful challenge and judicial reviews.
- Benchmark new and innovative ideas for gathering the experience of residents and young people at strategic and operational levels.

## **MEMBERSHIP**

The membership of the working group is:

- Cllr Teresa Smith (Chair)
- 6 x Councillors from the Integrated Care and Wellbeing Scrutiny Panel.
- Co-opted young people
- Co-opted adults (to include Roman Catholic and Church of England representatives as set out under the provisions of the Local Government Act 2000).

## **MEETINGS**

There will be four fixed meeting dates for the 2019/20 municipal year, to be held on a Wednesday with a start time of 6pm and to last no longer than 2 hours. The group will meet in private, as is standard for a scrutiny working group.

The group may hold additional meetings when deemed appropriate for the subject being considered.

## Quality of Care Homes in Tameside

### 1. Introduction

- 1.1 Improving standards of care and support for older people is a priority for the Council. In order for sustained improvements in the quality of care to be achieved there is a requirement to encourage the participation of residents receiving care, their family, other professionals and the wider community. Changes to the regulatory system and the number of quality improvement initiatives can also make it confusing to know where to start.
- 1.2 As well as checking whether care homes meet national required standards, the Care Quality Commission (CQC) has a role in service improvement. Inspectors will start by looking for evidence that the service is 'good', setting their expectations above the minimum acceptable standards needed for registration. Care home managers therefore need to:
- Know what a 'good' service looks like
  - Have a clear understanding of their service and how it is performing
  - Gather evidence to support their self-assessment

### 2. Background

- 2.1 Following the request for care home information to be presented at a meeting of the Integrated Care and Wellbeing Scrutiny Panel on 13 September 2018, a working group was established to examine the quality and standards across residential and nursing home providers in Tameside. Scrutiny members are aware of the joint commissioning arrangements in place and the shared ambition to raise standards, with investment in a Quality Improvement Team (QIT).
- 2.2 The Council holds contractual powers to gain assurances that residents receive the appropriate level of care to meet their needs, with a further statutory safeguarding role assigned to the Director of Adult Services (DASS). Despite local performance monitoring arrangements the Council has no regulatory powers to inspect residential or nursing homes and this is undertaken by the CQC as the independent regulator of health and social care in England. It is important to note that the Care Act does give the Council a statutory role to intervene in the event of market failure.
- 2.3 Traditionally, local authority improvement work with care homes has tended to be in the form of routine monitoring with performance measures. Existing commissioning arrangements include an Enhanced Quality Scheme which is designed to financially incentivise providers to investment in their workforce, as well as demonstrating community engagement and using 'life stories' to enhance the quality of service. Further proxy measures include:
- The provider has organised 3 or more events that involve the wider community during the past 12 months.
  - 70% of residents with life stories completed within 2 months of the placement.
  - 85% of staff QCF qualified to level 2 and/or registered on a QCF level 2 course (excluding modern apprentices).
  - Registered manager qualified at level 4.
  - Completion of 6 steps or Gold Standard Framework Accredited.
  - The provider will have an overall CQC rating of 'Good' or 'Outstanding'.
  - The provider attends 75% of the Care Home Provider Forum meetings.
  - That 80% of the monthly monitoring forms are returned.
- 2.4 A new contract measure will be introduced in April 2019 to change the enhanced payment criteria. This now stipulates that providers need to be rated at least 'Good' by the CQC in order to apply for the additional payment. The contract also changed the Key Performance

Indicators reported and there are multiagency meetings to discuss these indicators to identify actions.

- 2.5 As of September 2018 there were 38 care homes in Tameside providing a total of 1606 beds. The market is separated between 27 residential homes (1038 beds) and 11 nursing homes (568 beds). The CQC inspection breakdown was:
- 0 providers rated Outstanding
  - 20 providers rated Good
  - 13 providers rated Requires Improvement
  - 3 providers rated Inadequate
  - 2 providers yet to be inspected
- 2.6 A single national provider (HC-One) supplies more than 40% of all care home beds in Tameside. The CQC rating profile for HC-One showed 37.5% (6 homes) rated 'Good', compared with the local rate of 52.6% from the figures shown in paragraph 1.3.

### 3. Quality Standards

- 3.1 The Care Quality Commission (CQC) registers and inspects every care home in England. All homes are inspected on a 'regular basis', with frequency determined by the current rating of each home. The inspection methodology focuses on five key lines of enquiry (KLOE), prompts and sources of evidence to inform the overall judgement rating.
- 3.2 As part of the CQC inspection process, performance against the each of the five domains is rated to be Outstanding, Good, Requires Improvement or Inadequate. The table below provides further detail of the inspection process against each area.

<b>CQC – Key Lines of Enquiry</b>	
<b>Is it safe?</b>	<ul style="list-style-type: none"> <li>- Safeguarding and protection from abuse</li> <li>- Managing risks</li> <li>- Suitable staff and staff cover</li> <li>- Medicines management</li> <li>- Infection control</li> <li>- Learning when things go wrong</li> </ul>
<b>Is it effective?</b>	<ul style="list-style-type: none"> <li>- Assessing needs and delivering evidence-based treatment</li> <li>- Staff skills and knowledge</li> <li>- Nutrition and hydration</li> <li>- How staff, teams and services work together</li> <li>- Supporting people to live healthier lives</li> <li>- Accessible premises</li> <li>- Consent to care and treatment</li> <li>- Kindness, respect and compassion</li> <li>- Involving people in decisions about their care</li> <li>- Privacy and dignity</li> </ul>
<b>Is it responsive?</b>	<ul style="list-style-type: none"> <li>- Person-centred care</li> <li>- Concerns and complaints</li> <li>- End of life care</li> </ul>
<b>Is it well-led?</b>	<ul style="list-style-type: none"> <li>- Vision and strategy</li> <li>- Governance and management</li> <li>- Engagement and involvement</li> <li>- Learning, improvement and innovation</li> <li>- Working in partnership</li> </ul>

#### **4. Contracts Performance**

- 4.1 Feedback from contracts performance visits is routinely shared with care homes managers and highlights areas for attention to be focused. Recent (March 2019) priorities include:
- Staff training, supervision and competency assessments
  - Deprivation of Liberty Safeguards, Mental Capacity Act & consent
  - Supporting residents with dementia
  - Activities and connecting to the local community
  - Medications management & administration
  - The care home environment (making it more dementia friendly)
  - Embedding quality assurance systems
- 4.2 Contract Performance Officers provide a proactive presence in care homes to support and assist improvement. A website is also available to support local care homes by providing links to good practice at [www.tamesideandglossopccg.org/local-services/care-homes](http://www.tamesideandglossopccg.org/local-services/care-homes).
- 4.3 Senior managers within Adult Services receive regular updates when a CQC report is issued, along with any actions to be undertaken by services. Activity is also undertaken to ensure consideration is given to likely outcomes from CQC visits. The Strategic Commissioning Board also receive regular quality assurance updates about the care sector, to pick up on both areas of concern and good examples of improvement practice.
- 4.4 The Quarter 4 Care Home Manager's Forum took place on 24 January 2019, the following sessions were included on the agenda:
- Community Involvement – Public Health.
  - Oral Health – Be Well Team.
  - Medicines Management Update.
  - Learning from Falls – Sunnyside Care Home and Quality Improvement Team.

#### **5. Quality Improvement Team (QIT)**

- 5.1 The Quality Improvement Team was created to provide direct support to independent providers across the health and social care sector in Tameside, with the overarching need to improve the quality of service provision. The team's primary focus was to be placed on current homes rated 'Inadequate' and 'Requires Improvement', with the drive to raise standards and to improve ratings to 'Good' and 'Outstanding'. Future options may be explored to extend priorities to include the Support at Home Service and Supported Accommodation.
- 5.2 The team is multi-agency and consists of a Team Manager, two Social Workers, one Nurse and one Medicines Management Technician, with a full complement of staff reached in May 2018. The team is hosted in the Quality and Safeguarding Directorate of the CCG.
- 5.3 It is important that team members develop and maintain strong working relationships with care home owners and managers in order to provide the levels of direct support needed to improve practice standards. The levels of support can be broken down by provider, as:
- High – Inadequate provider.
  - Medium – Requires Improvement provider.
  - Low – Good provider.
- 5.4 Benefits will initially be of a qualitative nature as the team supports each care home to improve the CQC rating. It is also recommended that further work is undertaken to refine operating models with a view to adopting the most cost effective model. Common support themes emerging across providers include that of leadership, workforce culture and development, mental capacity, policies, systems, processes and medicines management.

The team will explore ways to unblock barriers, source training and education opportunities, develop partnership links and seek to address any knowledge and experience gaps.

- 5.5 The support is offered through a supportive model (PQuIP) which involves partnership working with the care home in a non-judgemental way to identify areas for improvement. There is a broad offer to provide support around leadership, guidance, advice, expertise and to ultimately promote best practice to improve outcomes for residents and to meet CQC standards. The team will also undertake work with providers to develop a bespoke improvement plan.
- 5.6 A 'Buddy Scheme' was launched in December 2018 and is a supportive arrangement between new and existing residential and nursing home managers, with a purpose to offer operational support to new managers who move into the borough.

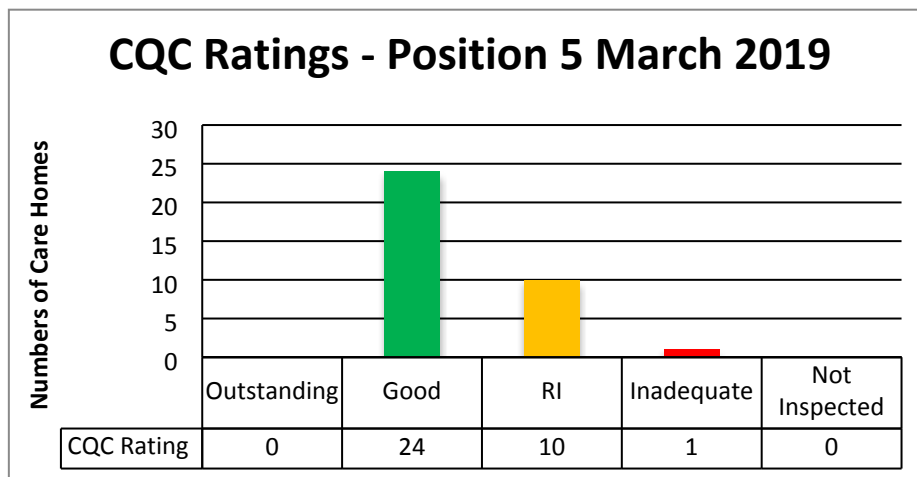
#### **QIT initiatives offered in Quarter 3 of 2018/19**

<b>Quality Initiative</b>	<b>Provider</b>	<b>Homes Involved</b>
Oral health	Be Well Tameside	Majority of homes have now received training
Tameside & Glossop Red Bag Scheme	Tameside & Glossop CCG	The team continue to support care home managers with the implementation of the scheme
Neighbourhood Meetings	QIT team	QIT are now linked in with Neighbourhoods and attend meetings
Care Home Quality Review Group	Strategic Commission	QIT Team Leader represents at Care Home Quality Review Group
Medicines Management	QIT team Meds technicians	All Inadequate and Requires Improvement Care homes have now been audited and those that have failed are receiving ongoing support from meds tech and QIT team.
Staff Development	QIT team, Local Authority, Strategic Commission	Refresh of Training Consortium Steering Group. This work is ongoing
Tissue Viability and Infection Prevention	Tameside & Glossop ICFT	QIT team continue to work with ICFT infection prevention team and Tissue Viability team
6 Steps Celebration event	ICFT Palliative Care Team	Celebration event held in Qtr 3 for 7 homes that have completed 6 steps programme. Programme will be offered to all care homes in 2019 alongside a programme of palliative and end of life care training for care staff.
Buddy Scheme	Tameside & Glossop CCG QIT team	Buddy Scheme launched in Qtr 3 to all homes
Teaching Care homes	GM	Offered to homes who met criteria for consideration. 1 Care home signed up in Tameside.

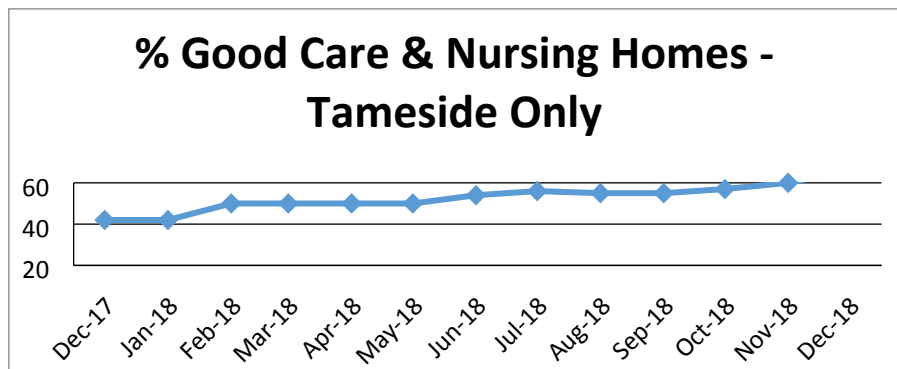
**6. Quality of Care in Tameside (March 2019)**

- 6.1 The number of care homes rated 'Good' in Tameside has improved from 42% to 69% (accurate as at the 5 March 2019). There remains one home rated Inadequate and the Quality Improvement Team continue to support the provider to make service improvements. A re-inspection commenced on 22 January 2019, with the home now awaiting the final judgement.
- 6.2 The home remains suspended from new admissions and this will continue until the CQC rating is improved. Current residents are not deemed to be at risk and feedback from residents and families is positive.

**CQC ratings across residential and nursing homes in Tameside (March 2019)**



- 6.3 The graph below was shared with the care homes managers at a meeting on the 24 January 2019.



- 6.4 Additional information shared with senior managers includes (accurate as of the 5 March 2019). The data shows that only 2% of care home beds in Tameside are within 'Inadequate' provision.

CQC Rating	No. of Homes	No. of beds
Outstanding	0	0
Good	24	989
RI	10	478
Inadequate	1	30
	35	1497

## **7. Next Steps**

7.1 Some of the planned next steps include:

- Continue to Challenge inadequate provision.
- Continue to support improvement across the whole care home sector.
- Risk assessment undertaken to ensure homes are maintaining CQC standards between inspections.
- System challenge where inequalities are identified regarding access to services.
- Support care homes to maintain improved practice standards.
- Support to providers in relation to workforce issues – e.g. effective supervisions and competency assessments.
- To explore options to better support providers with workforce training needs.
- Contracts performance visits will be undertaken twice a year – one announced visit and one unannounced visit.

## **8.1 Recommendations**

- 8.1 To review options and plans beyond the medium-term funding allocated to the Quality Improvement Team. Should permanence arrangements be explored to deliver a long-term ambition to raise the quality of care in Tameside?
- 8.2 To explore how the Council and partners can work to deliver a system and sector-wide approach to accessible training and development for care home staff, supporting the ambition to make working in care a positive career choice.
- 8.3 To analysis the impact of the quality initiatives delivered, with the view to developing a detailed forward plan for 2019/20.
- 8.4 To monitor the impact of care home closures on the improvement statistics and the impact that low bed occupancy rates within homes can have on a provider's ability to maintain quality standards.
- 8.5 That work is undertaken with providers to identify ways to further improve the bespoke support delivered and to highlight the individual quality triggers for all care homes the Quality Improvement Team work with.



## Post Scrutiny - Executive Response

**In Respect of:** Scrutiny Review into the Quality of Care Homes in Tameside

**Date:** 30 May 2019

**Response of:** Councillor Eleanor Wills, Executive Member (Health, Social Care and Population Health)

**Coordinating Officer:** Stephanie Butterworth, Director of Adult Services  
Gill Gibson, Director of Quality and Safeguarding

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Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
1. To review options and plans beyond the medium-term funding allocated to the Quality Improvement Team. Should permanence arrangements be explored to deliver a long-term ambition to raise the quality of care in Tameside?	Accepted	As part of the MTFS a plan will be developed to make longer term decisions relating to the QIT. This will include a full evaluation of the ongoing effectiveness of the QIT.	Stephanie Butterworth / Gill Gibson	March 2020
2. To explore how the Council and partners can work to deliver a system and sector-wide approach to accessible training and development for care home staff, supporting the ambition to make working in care a positive career choice.	Accepted	As part of the improvement work a number of strategies are being rolled out across the system. This includes Registered Manager Programme and Teaching Care Homes Programme. Director is leading on GM Workforce Programme which has three aims for the workforce – Recruit, Retain, Grow.	Stephanie Butterworth / Gill Gibson	March 2020

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3. To analyse the impact of the quality initiatives delivered, with the view to developing a detailed forward plan for 2019/20.	Accepted	Detailed forward plan will be produced that addresses ongoing work with 'Inadequate' providers, whilst at the same time working with 'Good' providers to secure ongoing improvement.	Jane Bennett	August 2019
4. To monitor the impact of care home closures on the improvement statistics and the impact that low bed occupancy rates within homes can have on a provider's ability to maintain quality standards.	Accepted	Ongoing market management forms part of overall contract performance monitoring.	Michelle Walsh / Tim Wilde	Ongoing with Year End position analysed
5. That work is undertaken with providers to identify ways to further improve the bespoke support delivered and to highlight the individual quality triggers for all care homes the Quality Improvement Team work with.	Accepted	This recommendation forms the core business for the Quality Improvement Team.	Jane Bennett	Ongoing