

**ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL**

A meeting of the Adult Social Care and Services Scrutiny Panel was held on 5 November 2018.

**PRESENT:** Councillors McGee (Chair), Davison, McGloin, Uddin, J Walker and Walters.

**ALSO IN ATTENDANCE:** E Lowther – Trans Aware.  
A Metcalfe – Press.

**OFFICERS:** L Grabham, D Lloyd and C Lunn.

**APOLOGIES FOR ABSENCE:** Councillors Coupe and Dryden.

**DECLARATIONS OF INTERESTS**

There were no Declarations of Interest.

**\*\*The Chair of the Panel announced with sadness the death of Councillor Peter Purvis. The Chair paid tribute to Councillor Purvis and then all present stood in silence as a mark of respect\*\***

**MINUTES - ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL –  
8 OCTOBER 2018**

The minutes of the Adult Social Care and Services Scrutiny Panel meeting held on 8 October 2018 were submitted and approved as a correct record.

**MATTERS ARISING**

The Chair made reference to page two of the minutes and advised that she, alongside Councillors Dryden and Sharrocks, was currently looking at the South Tees Clinical Commissioning Group's (CCG's) contribution to Continuing Health Care. One meeting had been held to date. Further information would be presented to this Panel and to the Overview and Scrutiny Board in due course.

In terms of the agreed actions, Hart Gables' 'Age with Pride' report had been circulated to all Councillors for information. Promotional materials from Hart Gables had been made available to Councillors; copies were also tabled at the meeting.

**NOTED****THE NURSING CARE HOME MARKET**

The Head of Strategic Commissioning and the Commissioning Officer for Nursing were in attendance at the meeting to provide the Panel with an update regarding issues facing the nursing home market.

The Panel was advised that Middlesbrough's nursing care home market included older people, mental health, learning disabilities and physical disabilities. The responsibility for the delivery of nursing care sat with the South Tees CCG and not with the Local Authority. The CCG discharged some of its functions to Middlesbrough Council for Funded Nursing Care. Middlesbrough Council administered the Funded Care on behalf of the CCG through an agreed section 75 agreement. As part of that agreement, the Council also monitored the quality of the nursing home sector as many of the care provisions were dual registered, i.e. they delivered both residential care and nursing care.

The CCG commissioned the Local Authority to administer the payments for Funded Nursing Care. The Local Authority paid the residential care fee; clients assessed as requiring nursing care received an additional flat rate fee of (currently) £158.16 per week, paid by the NHS. The CCG completed the assessment to determine eligibility for Funded Nursing Care, which would then be communicated to the Local Authority for payment to be made, as appropriate.

It was highlighted that the overall regulators of nursing care was the Care Quality Commission (CQC); although the Local Authority did have contracts in place with nursing homes in Middlesbrough, it was the CQC that had the powers to assess quality standards and determine whether care homes could be registered and operated.

The Panel heard that in comparison to neighbouring Local Authorities, Middlesbrough tended to take in more clients for nursing care, with clients often coming in from other areas.

Regarding mental health, Middlesbrough currently had two homes that provided nursing care for people with mental health issues. Regarding learning disabilities, Middlesbrough had very limited provision. The only nursing provision available locally was not commissioned by the Local Authority. Danshell offered highly specialist nursing care for a maximum of eight beds/recipients, which was set by the CQC. Given this limited provision, fees were expensive.

A Member queried the provision available to those requiring learning disability nursing care, who were not receiving it in a care home setting. In response, the Panel heard of the success of supported living schemes in Middlesbrough, which allowed for clients to live in houses within the community, as tenants, and receive support from care staff. Care packages were developed around the clients' needs.

In response to an enquiry regarding support provision in times of crisis, reference was made to Aysgarth and Bankfields where respite services were available. The Council also had Levick Court which catered for people with learning disabilities.

Reference was made to the Transforming Care Agenda (TCA). Transforming Care involved moving individuals out of long stay hospitals and into community settings. The level of need was predominantly high and a lot of clients would be health funded with some social care need. Consideration was given to the factors involved in identifying appropriate support packages.

Regarding the identification of support needs, Members heard that the CCG was responsible for this (in cases where a required nursing need had been identified). However, involvement from social care would continue via the allocation of a Social Worker. In terms of individuals requiring high level specialist care, it was most probable that these clients would be classed as Continuing Health Care, and therefore the NHS would be responsible for their care. Again, however, there would also be social care involvement, particularly if clients were out in community settings.

A Member raised concerns regarding individuals out in community settings who appeared to require assistance from social care. Particular mention was made of the same individuals being seen on public transport and in associated buildings (Middlesbrough's bus and train stations). It was commented that concerns had been raised on previous occasions. A discussion ensued in respect of this.

The Panel was advised of referral procedures and, if any such referrals were received, that there was a duty for these to be followed up. However, it was important to note that it was difficult to engage with individuals if they held capacity and chose not to want to work with services, as this could not be enforced.

A Member commented that there were a number of factors associated with this, including: Whether those identified individuals were Middlesbrough residents or not, as this would determine how services could respond; Whether individuals wished to engage with services; and Whether there were any already-existing issues, such as homelessness, that could be playing a role. Mention was made of an investigation by another Scrutiny Panel that had focused upon the issue of homelessness and the positive outcomes that this had shown.

The importance of ensuring that Council services were attending to identified individuals and working within their remits was highlighted.

A Member made reference to some individuals who did not wish to receive support from

services, despite a multitude of attempts by various public organisations to offer assistance to them. In addition, it was commented that there were also people who utilised the bus station because it was part of their social life; it was fundamentally important to the lives of those with learning disabilities to safely travel as part of their own growth and privileges; and it allowed access to other venues and experiences in Middlesbrough and beyond.

Regarding visits to nursing homes, a Member queried whether these were planned or unplanned. In response, it was explained that it was a combination of the two. Planned quality monitoring visits were undertaken in order to award care homes a star rating. However, unplanned contract monitoring visits were also interspersed throughout the year. There was flexibility around visits; the undertaking of a night time inspection in response to a safeguarding concern was provided as an example. It was highlighted that visits were linked to contracts, but regular business meetings were also held with the CQC in order for intelligence to be shared.

In response to an enquiry regarding quality grading and those nursing homes achieving low scores, the Panel was informed that grading was based on a matrix, which involved liaison with staff, next of kin and residents (where possible), and also on the physical property. When grading was completed, an outcomes report was forwarded to the care home. Reference was made to Westmoor View care home, which always scored a grade one. It was explained to Members that, despite the excellent quality of the care being offered, because the property was an old building it would never score higher than one. In recognition of this and other factors, it was highlighted that consultation was currently underway with the care sector around changing the quality grading matrix to improve fairness.

The representative of Trans Aware indicated that, whilst providing gender identity support, there were two areas that were rarely discussed: care homes and breast cancer awareness. In terms of care homes, it was felt that, through perception, a high number of transgender individuals were fearful of accessing the sector because they would lose their rights. In response to a query regarding the skillset of staff in relation to gender identity issues, it was explained that the Panel was currently in the final stages of its investigation into 'The LGB&T Community and Elderly Care'; the learning outcomes were awaited. Reference was made to Hart Gables' 'Age with Pride' project that had been undertaken with several care homes. It was felt that the staff of those homes that had participated in the project were aware of issues, but there was opportunity for development with others.

Consideration was given to care home quality monitoring and the opportunities for further staff training initiatives to be implemented in this regard. The introduction of a specific trans inclusion framework policy was also suggested, which was felt could assist in developing an awareness and understanding of gender variance.

A Member made reference to page four of the report and queried the position regarding the reduction in continence care. In response, it was explained that this was an on-going issue. Historically, South Tees CCG had provided an extra £5 per week for continence products for nursing care recipients. When the Funded Nursing Rate was significantly increased, this funding was withdrawn. Reference was made to a review that had been undertaken by Mazars. At present, South Tees Foundation Trust provided continence products to residential care clients (around five per day for an individual assessed as requiring them), but not to nursing clients. It was highlighted that nursing homes were providing products to these clients themselves - no-one was going without. The costs being incurred by the care homes as a consequence of this were being recorded by the Local Authority, and the CCG was being informed. Discussions around this matter were continuing.

A discussion ensued regarding workforce matters.

It was indicated to the Panel that there was a national shortage of nurses. It was felt that nurses tended to prefer to work in the NHS because their clinical skills could perhaps be utilised more. The care home sector often reported that it was very difficult to operate as a nursing home: any home with nursing clients must have a registered nurse on site at all times. Consideration was given to the optimum number of clients required to fund a registered general nurse, together with the tasks involved in operating a nursing home.

Members were informed of an online app that was currently being utilised in the South of the country. Entitled 'Florence', the app directly linked qualified nurses to available shifts within care homes. Meetings had taken place between regional commissioners and system representatives to determine the possibility of bringing the system to the North East.

Consideration was given to the availability of staff with the appropriate qualifications to work with mental health and learning disabilities. Mention was made of a recent newspaper article focusing upon the perceived stigma associated with mental health and learning disability nursing, because clinical work was not being carried out. Members expressed concern that people were not choosing this career because they may not be viewed as being in the nursing profession, when actually they were absolutely critical. Reference was made to a local Mental Health and Learning Disability Foundation Trust that offered training and opportunities for career progression, but all were based in-house.

A Member commented that the attractiveness of any profession within the health sector, together with the attractiveness of Middlesbrough and the wider North East region, was paramount. It was important to ensure that people felt valued and that these professions were shown to be both attractive and appreciated.

The Panel was appraised of a project that was being undertaken with the North of England Commissioning Support Team (NECST), through the Better Care Fund (BCF). The project focused upon joint medication audits undertaken between the NECST and the Council's Commissioning Unit, which had significantly helped to improve the administration of medication in the care home sector and reduce the number of medication errors. As a consequence of this, the BCF had agreed to fund the project for a further year.

Members heard of a number of issues that the Commissioning Unit would be focusing on over the next few years, as follows:

- The learning disability nursing home market - the capacity in Middlesbrough was currently nil. An appropriate local market needed to be developed, particularly in respect of Transforming Care. However, building local capacity presented difficulties in regard to CQC registration, which limited registration to a maximum of eight beds, fee structures, and availability of Learning Disability (LD) Nurses;
- The unsustainability of the nursing home market, linked to workforce and fees; and
- Career pathways and progression for nurses and the challenge, or not, of Brexit to the current workforce.

The Panel discussed placements within care homes, the availability of beds in times of emergency and instances of facilities closing in neighbouring areas. Reference was made to the deployment of District Nurses; the weekly assessment of voids to ensure capacity to prevent local people from moving out of the area; care homes changing hands and the associated risks of changing capacity; and bed blocking.

In response to an enquiry regarding the processes involved in a care home changing ownership, it was explained to the Panel that, first and foremost, the new owner would need to register with the CQC, which would take between 6-12 weeks. If successful, the next step would be for the Local Authority to issue a new contract, as there would be residents in that home. It was indicated that, often, the manager of the home would not change and there would be little, if any, frontline changes, although there were occasional exceptions. Mention was made of on-going monitoring that would take place, such as visits to the home to check occupancy levels, monitor safeguarding, etc.

The representative of Trans Aware highlighted that the Equality Act was introduced in 2010 and Public Sector Equality was reviewed in 2015. Gender identity had its own protected characteristic and policies and practice should be in place to encourage interaction. Trans Aware had worked with organisations to assist in writing a Trans Inclusion Framework Policy. The representative indicated that Trans Aware would be happy to assist in preparing a policy, with no funding required. The representative would forward a copy of an example policy to the Democratic Services Officer so that this could be looked into.

A Member queried the current position in respect of Brexit and whether any problems were anticipated. In response, it was explained that this was uncertain at the present time, although on-going consideration would be given. The matter would be discussed at future commissioning meetings in order to ascertain the approaches that other Local Authorities would be taking but, as a national issue, it was anticipated that similar approaches would be taken across the board.

The Panel discussed the perceived general opinion of the North East and the recruitment of health professionals to the region. Reference was made to a recent newspaper report that identified Middlesbrough and Stockton as coming second in the 'Good Growth For Cities 2018' 'most improved' in the UK list.

The Panel thanked the Head of Strategic Commissioning and the Commissioning Officer for Nursing for their attendance and contributions to the meeting.

**AGREED that:**

1. **The representative of Trans Aware would forward an example Trans Inclusion Framework Policy to the Democratic Services Officer.**
2. **The information, as presented, be noted.**

**OVERVIEW AND SCRUTINY BOARD UPDATE**

The Chair provided a verbal update on the matters that were considered at the Overview and Scrutiny Board meeting on 30 October 2018.

**NOTED**

**ANY OTHER ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED**

DATE OF NEXT MEETING - MONDAY, 3 DECEMBER 2018

The next meeting of the Adult Social Care and Services Scrutiny Panel had been scheduled for Monday, 3 December 2018. It was intended that the Panel's draft final report in respect of 'The LGB&T Community and Elderly Care' would be considered.

**NOTED**

TRANSGENDER DAY OF REMEMBRANCE (TDoR)

The representative of Trans Aware advised the Panel that the TDoR would be taking place on 20 November 2018. TDoR was a worldwide annual event which honoured gender variant individuals who had been murdered as a result of transphobia. The Panel was shown a flag that had been utilised last year which had 325 names inscribed on it. This year, to date, 316 people had been murdered as a result of transphobia.

The representative queried whether it would be possible to have a transgender flag flown from the Town Hall on the day - the Democratic Services Officer would look into this. Members were informed of a series of events that would be taking place at MIMA in Middlesbrough and at ARC in Stockton on 20 November 2018. Invitations to the events would be forwarded to all Councillors in due course.

The representative thanked Middlesbrough Council for the support that had been offered.

**AGREED that:**

1. **The Democratic Services Officer would follow-up the request to have the transgender flag flown at the Town Hall on 20 November 2018.**
2. **The information, as presented, be noted.**