

ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL

A meeting of the Adult Social Care and Services Scrutiny Panel was held on 20 March 2019.

PRESENT: Councillors McGee (Chair), Coupe, Davison, Dryden, McGloin, J Walker and Walters.

ALSO IN ATTENDANCE: J Bracknall – Chief Executive, Carers Together.
A Buck – Manager, Breckon Hill Community Centre and Langridge Initiative Centre.
J Cain – Press.
M Davis – Chief Executive, Middlesbrough Voluntary Development Agency (MVDA).
C Duerden – Strategic Development Officer, MVDA.
L O'Brien – Chief Operating Officer, Carers Together.

OFFICERS: C Lunn.

APOLOGIES FOR ABSENCE: Councillor Uddin.

DECLARATIONS OF INTERESTS

There were no Declarations of Interest.

MINUTES - ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL - 11 FEBRUARY 2019

The minutes of the Adult Social Care and Services Scrutiny Panel meeting held on 11 February 2019 were submitted and approved as a correct record.

MATTERS ARISING

It was noted that the agreed actions had been carried-out.

NOTED**INTEGRATION OF HEALTH AND SOCIAL CARE - VERBAL UPDATE**

The Chair provided Members with information received at a meeting of the South Tees Health Scrutiny Joint Committee held on 15 March 2019, which reflected the update that this Panel had received at its last meeting on 11 February 2019.

A Member raised a couple of points. The first referred to the Clinical Strategy, which was expected in January 2019, but was still awaited, and the second referred to Primary Care Networks. It was felt very difficult to comprehend how the Primary Care Networks would be structured, how they would operate (e.g. the work/activities involved), and how they would impact upon (in particular, older) residents. Reference was made to the timescales involved in this work; the number of practices, to date, that had made arrangements to 'cluster together'; social prescribing; and the latest information being provided by the Government. A short discussion ensued with regards to the points made.

NOTED**SOCIAL CARE SUPPORT FOR OLDER CARERS - FURTHER INFORMATION**

Representatives of Breckon Hill Community Centre, Carers Together and MVDA had been invited to the meeting to provide further information in respect of the 'Social Care Support for Older Carers' investigation.

The representatives of Carers Together had provided Members with a document entitled 'Older Carers in Middlesbrough: Data Analysis', which followed their attendance at the previous Panel meetings where this topic had been discussed.

As a prerequisite, it was indicated that the data contained in the report was obtained by comparing, merging and analysing data from the Office of National Statistics (ONS), with existing information being held on Carers Together's Charitylog database. This had generated an analysis by postcode area. It was highlighted that TS2 and TS6 were excluded from the analysis: TS2 because some of the wards in this area (Middlehaven) were not represented within ONS/Census data, and TS6 due to the complexity of the wards crossing two Local Authorities.

Referring Members to pages 11-14 of the submitted document, Carers Together's Chief Executive and Chief Operating Officer detailed the summary of the profile of older carers by postcode area. The key findings/differences between areas were presented as follows:

TS1

- The majority of people aged 50+ in TS1 were aged 50-59 (42.5%). This was the highest percentage within all of the Middlesbrough postcode areas;
- TS1 had the lowest percentage of people providing care in Middlesbrough. 33% of those who were caring provided 50 or more hours per week;
- TS1 had the lowest number of carers;
- Apart from Adult Carers, the caring roles in TS1 were predominantly Parent Carers;
- Older carers in TS1 were predominantly caring for people with long term conditions (47.3%). This was the highest proportion in Middlesbrough;
- TS1 also had the highest proportion of Mental Health Carers in Middlesbrough; and
- TS1 carers had the lowest access rate to Working Carers support from Carers Together.

A Member commented on the age profile and lower life expectancy within TS1 in comparison to other areas of Middlesbrough, and the potential impact of this upon carers. It was felt that a higher level of dependency was being shown at a much younger age.

TS3

- 10.4% of older people in TS3 reported bad health or very bad health. This was the highest proportion in Middlesbrough;
- 39.6% of carers in TS3 provided 50 or more hours unpaid care per week and 20.7% provided 20-49 hours per week. This was the highest proportion in Middlesbrough and suggested that individual carers in TS3 provided more hours of care than carers in other areas in Middlesbrough;
- TS3 had the highest percentage of households with a person with a long term health problem or disability;
- TS3 had the highest rate of Parent Carers of children under 18 (55%) accessing support in Middlesbrough. There was potential for further work to be undertaken with schools in this regard; and
- 8.4% of carers in TS3 were caring for somebody with a learning disability. This was the highest proportion in Middlesbrough.

TS4

- TS4 had the highest proportion of people aged 85-89 (4.3%);
- 37.4% of older people in TS4 provided 50 or more hours of unpaid care per week. This was the second highest proportion in Middlesbrough behind TS3;
- 16.3% of older carers in TS4 had received information and/or support from Carers Together. This was the highest proportion in Middlesbrough;
- There had been a significantly higher proportion of Kinship Carers accessing support from Carers Together from TS4; and
- TS4 also had the highest proportion of Substance Misuse Carers (i.e. looking after someone who had problems relating to their own substance misuse).

TS5

- TS5 had the highest number of people aged over 50 in Middlesbrough;
- 80.8% of older people in TS5 had self-reported that they had good or very good health. This was the second highest rating behind TS7 (83.7%); and
- 8.7% of carers in TS5 were also being 'cared for'. This was the highest proportion across all postcode areas.

Following an enquiry from a Member regarding access to data, it was indicated that, unless the carer was registered with Carers Together, the age of the person being cared for would be unknown.

Reference was made to the Census aspect of the data collection which, having been collected in 2011, was acknowledged could be out of date. The next Census was due to be completed in 2021. It was explained that the data was conservative and based on fact; unfortunately, those unknown to services who were providing care, i.e. 'hidden carers', and those not registered on the Census, could not be accounted for. It was awaited, with interest, to see how significantly the information would change in 2021. Consideration was given to the completion of the Census form and the fact that people may not identify as carers (and therefore not tick the 'carer's box'). Discovering 'hidden carers' was felt to be a challenge for organisations like Carers Together. It was emphasised that no matter who identified carers, whether the person themselves, their GP, neighbour, friend, etc., it was about ensuring that recognition was made as early as possible to ensure that the appropriate support could be provided.

A discussion ensued with regards to the identification of carers at GP practices. Members felt that it would be useful if GP practices were obliged to identify which of their patients were carers, and that this could be recommended. The Panel was appraised of a previous Quality Assurance Framework (QAF) that had been in place, which provided GPs with a payment for maintenance of a register of carers. It was explained that following the withdrawal of this QAF, some GP practices had continued to maintain a register, whereas others had not. It was felt that this, or a similar initiative, could perhaps be introduced via the development of the Primary Care Networks.

A Member made reference to other health bodies and the importance of all organisations recognising the importance of identifying carers. Consideration was given to inspections undertaken by the Care Quality Commission (CQC). It was felt that it ought to have been mandatory that all services forming a part of any inspection regime be measured on how effective they were in identifying carers. The Chief Executive of Carers Together made reference to formal consultation work that was currently taking place in relation to the CQC inspection framework, and indicators pertaining to carers.

Members discussed additional activities that could potentially assist in identifying 'hidden carers'. It was felt important to consider places/persons deemed 'less obvious', such as taxi drivers who, through awareness training and regular contact with customers, could identify trends. The Panel felt that this could potentially be recognised within Council policy.

It was proposed and agreed that a letter be forwarded to the Secretary of State for Health and Social Care to express the Panel's views of a need for mandatory registration/recording of carers within GP practices.

TS7

- TS7 had the highest proportion of older people in Middlesbrough;
- 46% of older people in TS7 were aged 60-74. This was also the highest proportion of age range across Middlesbrough;
- TS7 had the highest proportion of older people reporting their health as good or very good (83.7%);
- TS7 had the highest proportion of older people providing care;
- 71% of older carers in TS7 provided 1-19 hours of care per week (the lower end of care provision) compared to 39.6% in TS3. This was the highest proportion across

- Middlesbrough;
- TS7 had the lowest percentage of households with a person with a long term health problem or disability (24.68%);
 - TS7 had the highest proportion of older people providing care and the lowest percentage of households with a person with a long term health problem or disability;
 - 3.4% of older carers accessing Carers Together's services came from TS7. This was the lowest access rate across Middlesbrough;
 - TS7 had more 'sandwich carers' (23.53% compared to 7% in TS5) than any other postcode area;
 - Older carers in TS7 were caring for the highest proportion of people with Dementia/memory problems (30.6% compared to 14.4% in TS4). Over time, the caring role increased as people's dementia worsened, so the caring role did change; and
 - TS7 had the highest proportion of carers that had accessed specialist support from Carers Together.

TS8

- Apart from Adult Carers, TS8 had the highest proportion of Parent Carers of someone aged 19-25.

Members thanked the representatives for the information received. The suggestion was made to forward the documentation provided to all Councillors; the Democratic Services Officer would action this.

MVDA's Strategic Development Officer delivered a presentation entitled 'We Care You Care: Middlesbrough Carers Strategic Partnership', which covered the following topics:

- A Partnership Approach;
- Middlesbrough Carers Partnership;
- 'We Care You Care' Branding Campaign;
- Direction of Travel;
- Older Carers Representation; and
- Identified Issues - Nationally.

It was explained that the intelligence collected by various organisations fed up into the Middlesbrough Carers Strategic Partnership, which was developed following the Care Act 2014 and was, essentially, a collaborative approach between Middlesbrough Council, South Tees CCG and MVDA. MVDA also facilitated the development of a strategy involving key stakeholders from the statutory and voluntary sectors, including the NHS Foundation Trust, the CCG and the Local Authority.

The Middlesbrough Carers Strategy was approved by partner organisations in 2015, and was outcome focussed with 12 agreed outcomes. Details of these outcomes were tabled for Members' information. To drive these forward, it was agreed that a Middlesbrough Carers Strategic Partnership would be developed, which involved key statutory and voluntary sector organisations. The Partnership was chaired by the South Tees CCG, with other partners including: Barnados, Branches, Carers Together, Grandparents Plus, Middlesbrough Council, MVDA, Neuro Key, NHS Foundation Trusts, Relate and The Junction.

There was a Joint Commissioning Group in place, which comprised Middlesbrough Council, MVDA and South Tees CCG, and had been established to separate out service provision from service commissioning.

The Partnership received insight reports, national and local intelligence in order to progress with work, and identified and agreed priorities for actions.

With regards to branding campaign work that had been undertaken to drive change, it was explained that this work had included:

- Provision of information leaflets and banners to GP practices;
- Carer support in James Cook University Hospital (e.g. identifying carers during the hospital discharge process);
- Increased awareness of carers on GP practice registers;
- Carer support in mental health settings;
- Carers welfare rights support;
- Research and evidence gathering (diverse communities); and
- Carers having access to direct payments via Adult Social Care.

With regards to the direction of travel for carers and the Carers Partnership, it was explained that a South Tees locality approach was being undertaken. The decision made through the Health and Well-being Board was that there would be a Joint Carers Strategy and a Joint Carers Partnership, with a 2020 timescale being identified for this work. There was potential for joint funding of carers services between Middlesbrough and Redcar and Cleveland in the future, essentially because the issues for carers crossed boundaries. It was unclear at present as to how this would be funded, as this would be dependent upon the outcome of discussions between service commissioners.

Regarding the representation of older carers, it was explained that there were different groupings, each experiencing the same, but also different challenges. The Partnership intended to undertake further work in order to ensure that all older carers received the appropriate support. Groups included: Dementia; Drug and Alcohol Abuse; Kinship Carers; Mental Health; Neuro Impairments; and Parent Carers.

With regards to issues identified nationally, reference was made to two reports that had been published: Carers Trust's 'Retirement on Hold' (2017) report, and Carers UK's 'Caring into Later Life' (2015) report. It was highlighted to the Panel that work would continue to ensure that carers in Middlesbrough received both ongoing focus and support.

A Member made reference to the Care Act 2014 and the impact that this had had. It was acknowledged that local and national changes were constant; the Partnership would continue to work to fulfil local plans and carry-out action. Mention was made of some of the national developments, which included the Social Care Green Paper and the commitment by the Secretary of State for an increased focus upon prevention.

Members thanked the representative for the presentation and information provided.

The Manager of Breckon Hill Community Centre and Langridge Initiative Centre provided the Panel with information regarding work undertaken in relation to this topic.

Members heard that, as part of the project that MVDA had been delivering with the Strategic Partnership, there was a funding opportunity for voluntary sector organisations and others to submit a joint proposal around the identification of 'hidden carers'. Due to Breckon Hill's active footfall of the general community utilising services, a proposal had been submitted.

Members heard that between 75-100 people accessed the Community Centre daily for various purposes, including attendance at formal (accredited) and informal training events, venue hire, social activities, educational activities, accessing services for support around mental health and well-being, and for activities being undertaken on the school premises (the site was shared with Breckon Hill Primary School).

The Centre's general footfall tended to be 80% mixed ethnic and 20% white, so it was felt to be an excellent opportunity to look at 'hidden carers' within the context of a diverse community. The Panel was appraised of the methodology utilised in undertaking informal conversation with every individual that entered the Centre. It was highlighted that terminology was especially important, it being highlighted to Members that the term 'carer' received very little, if any, response within conversations with Bengali and Pakistani families, as caring was viewed as a natural role and responsibility for a family member. To improve responses, individuals were asked what activities (e.g. washing, cooking, cleaning, translating, etc.) they completed for other people, such as family members or neighbours, and whether these would be completed if that person was not available to undertake them. If not, these people were

identified as fulfilling a caring role.

The Centre delivered a programme with Czechoslovakian Romani teenagers residing in the local area, which had engaged with circa. 80 11-20 year-olds. It had become apparent that within this cultural group, young people at the age of 11 were very domesticated and were expected to cook and clean for themselves at a young age, and therefore would naturally take on family responsibilities. Although the children were not always aware, those family responsibilities were also caring responsibilities - the example of children acting as translators for their parents during medical appointments was provided. This resulted in children learning more about their parents' personal health conditions, which could then result in further assistance being required/provided. In partnership with Unity City Academy, the programme's staff had observed regular truancy patterns within this cultural group, which was due to young people taking on a caring role.

Reference was made to an 'I Heart' programme that was currently being delivered in Primary Schools. This aimed to improve the mental health and well-being of young children aged 9+. As part of delivering this course, opportunity had been afforded to both gather information from young people as to how they were struggling with their own mental health, and also ascertain how their mental health had impacted upon their parents. This had resulted in the formation of relationships based on mutual dependency and support; a different role of caring that was not necessarily about ensuring that somebody was safe or obtaining their medication.

The ethnic groups being engaged with were very diverse, and some patterns had emerged. For example:

- Kurdistan: Individuals within this community tended not to view activities being undertaken as relating to caring; they were felt to be the ethnic group that had the least awareness of being able to apply for caring positions, roles or benefits.
- Pakistan and Bangladesh: As previous, individuals did not class any activities undertaken as being a caring role, and neither did they class their own health and well-being as something that needed to be looked after. As a consequence, it was explained that participation in their own activities (social, recreational and fitness-based) would be reduced, due to looking after family members.
- Tamil: Predominantly Sri Lankan, males tended to see themselves in more of a caring role. Further work would be undertaken in order to ascertain whether the paternal role was being considered in the context of a caring role.
- Yemen: Within the Yemen community, very few carers had been identified, although the community was quite small at present.

It was explained to the Panel that this project was currently mid-way through. To date, circa. 60-70% of the residents being consulted with were unemployed. They tended to be at home and in the home environment far more than others, and therefore it had been anticipated that they would have a greater caring responsibility, with an increased awareness of neighbours and/or family members.

In response to an enquiry regarding the age profile of people visiting the Community Centre, it was explained that, because of the variety of programmes and activities on offer, individuals of all ages attended. It was indicated that, in terms of this programme, the same conversations would be held with all individuals, irrespective of age.

A Member made reference to a recent BBC documentary that focused upon care provision within the Pakistani community. It was felt that, although deemed a natural role within the community, support was always available. The Panel discussed cultural differences and caring roles being undertaken as a responsibility. A Member made reference to family systems and the support being offered within our communities.

The Panel was advised that the majority of people from the BME population accessing Breckon Hill Community Centre's services were from the Pakistani community, and tended to be female carers. This suggested that some people within that community, who felt that they were carers, could access support, which was especially encouraging. The second highest

number of those were from postcode area TS1, and the highest was TS5. In total, circa. 98 people from the BME community had accessed services. Brief consideration was given to cultural attitudes and the views expressed towards mental health within different communities.

The Chair thanked the representatives for the information conveyed. With regards to the 'I Heart' programme, reference was made to a 'Mental Health in Schools' review currently being undertaken by the Children and Young People's Learning Scrutiny Panel. It was felt that the programme would supplement the Panel's work that had been achieved to date. It was agreed that the Democratic Services Officer would forward the details of the programme to an appropriate colleague for this to be considered.

A discussion ensued with regards to Parent Carers. It was acknowledged that further work was required in terms of developing the support provided to this group. This would need to be pursued through the Carers Partnership. Details of the support groups currently available to Parent Carers were outlined to the Panel. At present, these included a group for Mental Health Carers and the Parent Carer Forum; details were available on the Carers Together website. A Member made reference to the Parent Carers who utilised Aysgarth and Bankfields, and the mutual respect and support that they had shown for one another. The Chief Executive of Carers Together raised the topic of carer's assessments, in particular the variances between the processing of older carer assessments in comparison to parent carer assessments, which had been observed. These comments made would be forwarded to an appropriate officer.

A Member commented upon the importance of utilising traditional media, such as 'Love Middlesbrough' magazine and local (print) media outlets, in order to ensure that support mechanisms were being made available to all residents, and not just to those with access to online and social media platforms.

The Chair thanked all of the representatives for their attendance and contributions to the meeting.

AGREED that:

1. **A letter be submitted to the Secretary of State for Health and Social Care, to express the Panel's views of a need for mandatory registration/recording of carers within GP practices.**
2. **The Democratic Services Officer would forward Carers Together's Data Analysis document to all Councillors, for information.**
3. **The Democratic Services Officer would liaise with an appropriate colleague in relation to the 'I Heart' programme and potential inclusion of this within the Children and Young People's Learning Scrutiny Panel's review into 'Mental Health in Schools'.**
4. **The Democratic Services Officer would forward the comments made regarding parent carer assessments to an appropriate officer.**
5. **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 meetings held on 5 February 2019 and 5 March 2019.

NOTED

DATE OF NEXT MEETING - 1 APRIL 2019.

The next meeting of the Adult Social Care and Services Scrutiny Panel had been scheduled for Monday, 1 April 2019.

NOTED

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

'The LGB&T Community and Elderly Care' Report

The Chair advised Members that the Panel's report regarding 'The LGB&T Community and Elderly Care' had been submitted to the Executive on 12 March 2019. The report had been very well received. The Chair read out the proposed actions that the service area had submitted to each of the Panel's recommendations. Members welcomed the actions submitted in response and expressed their gratitude to all involved.

NOTED