ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL

A meeting of the Adult Social Care and Services Scrutiny Panel was held on 1 April 2019.

PRESENT: Councillors McGee (Chair), Dryden, McGloin, J Thompson (as Substitute for Uddin), J Walker and Walters.

ALSO IN ATTENDANCE: J Bracknall – Chief Executive, Carers Together.
J Cain – Press.
C Duerden – Strategic Development Officer, Middlesbrough Voluntary Development Agency (MVDA).
A Sykes – Chief Executive, Age UK Teesside.
L Wedgwood – Grants and Fundraising Coordinator, Age UK Teesside.

OFFICERS: C Lunn and E Scollay.

APOLOGIES FOR ABSENCE: Councillors Coupe and Uddin.

DECLARATIONS OF INTERESTS

There were no Declarations of Interest.

INTEGRATION OF HEALTH AND SOCIAL CARE - VERBAL UPDATE

The Director of Adult Social Care and Health Integration provided an update regarding Primary Care Networks, which were mandated by the NHS and would be introduced in July 2019. It was explained to the Panel that part of the NHS Long Term Plan required a move for GPs to work in Primary Care Networks, whereby practices join and work together around a population of 30,000-50,000. The NHS would provide additional resource to support this initiative, circa. £1.50 per Primary Care Network and each head of population contained therein. There would be some clinical lead time per week, some social prescribing resource and some community pharmacy work. The principal was that GP practices within these networks would be better placed to understand the needs of their respective communities. At present, it was anticipated that there would be six networks locally - three within Middlesbrough and three within Redcar.

Discussions were currently taking place between Tees, Esk and Wear Valley (TEWV) Mental Health Trust, the Acute Hospital Trust and the two Local Authorities in relation to the opportunities presented by these Networks. It was highlighted that the focus was about putting the people of the communities at the centre of the Networks. Reference was made to the significance of the work undertaken by the voluntary sector, and the need for this to be considered as a partnership arrangement rather than one of support provision. It would take time to establish the most effective way of working, but it was important that all organisations held discussions around how they would work together now, as opposed to when the Networks had been set-up and embedded.

It was indicated that, geographically, the Primary Care Networks would be slightly more complicated in Middlesbrough than in Redcar because there was no direct correlation between residents' homes and the location of GP practices being attended.

There was currently one practice in Middlesbrough that was not being linked to a Network; GP practices were not obliged to be in a Network, but every citizen had to be. If after the cut-off date this remained the case, it would be the role of the Clinical Commissioning Group (CCG) to compile a list of all of the individuals registered at that GP practice, and allocate them to one of the existing Primary Care Networks. Those individuals would still remain patients at their own GP practice, but would be allocated to a Network.

In response to an enquiry, the Panel heard that in relation to the £1.50 payment per head of population, it was understood that this was in addition to the existing payment of 0.80p per head of population.

A discussion ensued in relation to the structure and functioning of the Primary Care Network model. Consideration was given to the practical delivery of the Networks, in relation or comparison to the local CCGs, the Integrated Care Partnership, the Integrated Care System, and the role of GPs.

The Panel discussed the varying needs of different communities and how these could potentially be met, with reference being made to resources, commissioning and cultural shift.

A Member commented on restructuring within public sector organisations, and the cost implications of this. In response to an enquiry, it was explained that the NHS was funding Primary Care. It was highlighted that the Primary Care Network model originated from the NHS Long Term Plan and was non-negotiable. It was concerned with better linking GP practices to the needs of the individual communities where they worked, through such methodologies as social prescribing and improved pharmacy hours and clinical models. It was anticipated that this would not be costly from the perspective of the Local Authority, as Social Workers covered a small geographical area. The goal was to ensure that the Local Authority linked up with the GP Practices as effectively as possible.

The Panel considered piloting and other pre-existing models that could potentially guide or inspire the Primary Care Network model, together with desired outcomes. Members also considered the timescale associated with the implementation of the Primary Care Network. Whilst there was potential for positive outcomes to be achieved, there was some concern raised regarding the speed of implementation. A Member commented on the resources required for the effective and efficient running of services, and felt that more medical professionals were required in order to ensure that patients were granted access to the most appropriate resources.

The Panel discussed accountability and governance in relation to the establishment of multi-disciplinary approaches, and the information that patients would require during the development and implementation stages, and beyond. Mention was made of consultation activities that Healthwatch had undertaken with patients.

Brief consideration was given to potential issues that could arise with the implementation of the Networks. Reference was made to governance structures and the importance of good governance in reducing the likelihood of such issues occurring.

The Chair thanked the Director of Adult Social Care and Health Integration for the update.

NOTED

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2018

In the unplanned absence of the Director of Public Health South Tees, the Panel noted the contents of the submitted report.

Members felt that the report was very well presented, clear and concise with excellent use of visual material. The Chair requested that this feedback be forwarded to the Director of Public Health South Tees.

AGREED that:

1. **The Democratic Services Officer would forward the Panel's feedback to the Director of Public Health South Tees; and**
2. **The information, as presented in the submitted report, be noted.**

SOCIAL CARE SUPPORT FOR OLDER CARERS - FURTHER INFORMATION

Representatives of Age UK Teesside had been invited to the meeting to provide information regarding the 'Social Care Support for Older Carers' investigation.

The representatives tabled a document for Members' perusal, which covered the following topics:

- Statistics taken from Age UK's 'Older Carers Left to Fill the Gaps as Our Social Care System Crumbles' (2017) research report, and Carers Trust's 'Retirement on Hold: Supporting Older Carers' (2016) research report;
- The biggest concerns for carers, as identified by the Carers Trust in their 'Retirement on Hold: Supporting Older Carers' (2016) publication; and
- Services offered by Age UK Teesside.

The Panel heard that, from the perspective of Age UK Teesside, support was provided to individuals aged 50+. It was explained that when clients first accessed services (including social group activity, for welfare benefit advice or during times of crisis), it was unknown during the initial stages as to whether they were a carer or not. Specialist services solely for carers were not offered by Age UK Teesside: in those instances, clients would be referred to more appropriate voluntary sector organisations, such as Carers Together, for support.

Members heard that Age UK Teesside provided benefits information and advice, irrespective of whether a person was a carer or not. It was highlighted that demand for support continued to increase rapidly, with welfare benefits advisors always being fully booked. Welfare payments made an incredible difference to people's lives and it was important that all who were eligible accessed them.

The Panel was provided with an update regarding the befriending service, which was now in operation in Middlesbrough. Acknowledgment was made towards the Panel's support in helping to establish this, together with the support of the wider authority. It was explained that now one year in, a bank of over 20 volunteers was in place and referrals were being received. Details regarding the criteria for, and activities involved in, befriending were provided.

It was highlighted that there was an element of befriending that provided carers with opportunity for respite. Regarding some of the social group activities that Age UK Teesside delivered throughout Middlesbrough, some people attended with their carers, whereas in other cases, they did not. Some carers wished to share their experience, whereas others wished to remove themselves from it completely. There was not a particular support group operated for carers.

In response to an enquiry regarding the methods used for publicising services, the Chief Executive of Age UK Teesside advised that these included a monthly newsletter that was distributed to all agencies, and to some of the general public in groups; presentations/talks at events and other activities; operation of a monthly stand in the Hill Street Centre; and partnership/referral work with other agencies.

The Panel was appraised of the partnership work taking place between agencies in the voluntary sector, to ensure that all available information was out in the public arena and work was not being duplicated. It was about communication and information sharing. Activities delivered by Age UK Teesside included chair-based support, such as work/advice for wills and power of attorney; support for older LGB&T members; playing music in hospitals where people could engage; and upskilling for individuals, such as in IT. It was about the general day-to-day support being provided to people, whether they were carers or not.

The largest matters of concern for carers was highlighted to Members. These included issues around transport, and what would happen to the person being cared for if something were to happen to the carer.

Regarding 'hidden carers', reference was made to the number of hours of unpaid care being provided each week by people who did not view caring as providing care, but more as a role or responsibility. Concerns were raised that people just 'got on with it', particularly in poorer communities. Reference was made to Primary Care Networks in relation to 'hidden carers'; it was hoped that the Networks would assist in this regard.

A discussion ensued with regards to welfare advice and take-up. Members heard that in almost all cases, clients of Age UK Teesside were provided with a welfare check and encouraged to take-up all eligible benefits. It was explained that even a minimal payment could assist in reducing feelings of depression, for example: if a housebound person could no longer maintain their garden and it looked unkempt, a benefit payment could fund a gardener. A Member commented on the number of voluntary organisations that were training their volunteers in respect of benefits advice, and queried how volunteers were assisting with form completion. In response, it was explained that forms were completed both manually and digitally, with as much support as possible being provided, particularly for older people.

The Panel discussed Primary Care Networks and potential mandatory registration of carers at GP surgeries as a part of this. Consideration was given to social prescribing. The Chief Executive of Age UK Teesside highlighted that confidence to participate in activities and social events was paramount: without this, individuals would become increasingly lonely and isolated. It was about recognising that there were resources available, and bridging any gaps to ensure that individuals could attend.

A Member commented on the importance of making physical space available to help people participate in activities and gain confidence. Mention was made of an informal use of space to allow older people to relax and paint, which was mainly attended by retired professionals. Members discussed available opportunities and how these were pursued more often by those living in more affluent areas, which was of concern as health indices in less well-off communities tended to be lower. The Panel felt that more community work was required to help tackle this. Consideration was given to Primary Care Networks and ensuring that the most deprived people could access the range of available services. A Member made reference to previous community development activities and commented that these worked exceptionally well by bringing people together to socialise and share information.

The Panel discussed the role of Community Hubs and the types of activities that were held in them. The Chief Executive of Age UK Teesside advised of the delivery of welfare and benefits advice and other sessions at these, which had been extremely positive. A Member commented on the importance of ensuring that Community Hubs were redesigned during periods of service reconfiguration to enable all individuals to continue accessing appropriate services. Members were informed that Age UK Teesside currently ran three weekly activity sessions from Thorntree Community Hub, and had recently moved its head office to Berwick Hills, out of the Town Centre and into a community setting. In response to an enquiry, the Panel was advised that in areas where there were no Community Hubs, work was still being undertaken, which included befriending and advice and information provision.

The Terms of Reference for the investigation were tabled and Members asked to consider the progress made in respect of these. Members felt that that they had been well appraised in relation to Term of Reference one, and had begun to explore potential new ways of working (Term of Reference two). A discussion ensued in respect of Term of Reference three. Consideration was given to:

- An increased demand for services and the impact upon resources;
- Service funding;
- Opportunity cost in relation to 'hidden carers';
- Reconfiguration of services;
- Service provision that does not cost a lot of money;
- Voluntary sector organisations and the income that they generated for Middlesbrough; and
- Role, management and cost of volunteers.

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

NOTED

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

Draft Minutes - Adult Social Care and Services Scrutiny Panel - 20 March 2019

The draft minutes of the previous meeting were tabled for Members' information. The Panel was advised that all of the agreed action points had been achieved.

NOTED

Letter to the Secretary of State for Health and Social Care

As agreed at the 20 March 2019 meeting, a letter would be forwarded to the Secretary of State for Health and Social Care to note the Panel's support for the mandatory recording of carers at GP practices. This followed information being provided by the Chief Executive of Carers Together.

A draft letter was tabled for Members' perusal. It was explained that further information was currently awaited and the letter would be amended over the coming days. The final draft would be circulated to Members for approval, before being signed off by the Council's Head of Legal Services and forwarded to the Secretary of State for Health and Social Care.

NOTED