

ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL

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

PRESENT: Councillors Platt (Chair), Garvey, Goodchild, Jones, Lewis, Smith, Walker and Wilson.

PRESENT AS OBSERVERS: J Robinson - Assistant to Elected Mayor.

OFFICERS: C Lunn and E Scollay.

APOLOGIES FOR ABSENCE: There were no Apologies for Absence.

DECLARATIONS OF INTERESTS

There were no Declarations of Interest.

APPOINTMENT OF CHAIR PRO TEM

As the previous Vice Chair of the Adult Social Care and Services Scrutiny Panel, Councillor Walker took the Chair Pro Tem of the Adult Social Care and Services Scrutiny Panel.

NOTED**APPOINTMENT OF THE CHAIR OF THE ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL FOR 2019/2020**

Nominations were sought for the appointment of Chair of the Adult Social Care and Services Scrutiny Panel.

Councillors Lewis and Platt were nominated and seconded. Following a vote, Councillor Platt was appointed as Chair of the Adult Social Care and Services Scrutiny Panel.

AGREED that Councillor Platt was appointed as Chair of the Adult Social Care and Services Scrutiny Panel.

APPOINTMENT OF THE VICE CHAIR OF THE ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL FOR 2019/2020

Nominations were sought for the appointment of Vice Chair of the Adult Social Care and Services Scrutiny Panel.

Councillor Smith was nominated, seconded, and appointed as Vice Chair of the Adult Social Care and Services Scrutiny Panel.

AGREED that Councillor Smith was appointed as Vice Chair of the Adult Social Care and Services Scrutiny Panel.

MINUTES - ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL - 20 MARCH 2019

The minutes of the Adult Social Care and Services Scrutiny Panel meeting held on 20 March 2019 were submitted and approved as a correct record.

A Member referred to the first agreed point on page seven of the minutes, and queried the outcome of the letter that was submitted to the Secretary of State for Health and Social Care (expressing the Panel's views of a need for mandatory registration/recording of carers within GP practices). The Democratic Services Officer advised that a response to the letter had been received, which would feed into the Panel's final report regarding 'Social Care Support for Older Carers'. It was intended that a draft final report would be submitted to the Panel in September 2019 for consideration. In the interim period, a copy of the response would be

provided to the Panel Members, for information.

AGREED that:

1. **A copy of the letter received in response to the Panel's submission to the Secretary of State for Health and Social Care be provided to the Panel Members, for information; and**
2. **The information, as presented, be noted.**

MINUTES - ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL - 1 APRIL 2019

The minutes of the Adult Social Care and Services Scrutiny Panel meeting held on 1 April 2019 were submitted and approved as a correct record.

OVERVIEW OF SERVICE AREA

The Director of Adult Social Care and Health Integration was in attendance at the meeting to provide the Panel with details regarding:

- The composition of the service area;
- An overview of the main services/operations within its remit; and
- An outline of current priorities, key issues and challenges for the year ahead.

Details of the directorate's structure were provided to Members. In terms of size and staffing, the department was very large: one Director, three Heads of Service and circa. 450 staff (including 115 Social Workers) carried out a wide variety of tasks and activities in order to support approximately 6300 citizens daily. The level of support required differed on a case-by-case basis, but many received intensive support. The service accounted for a significant proportion of the Council's financial expenditure, with spending being focused predominantly on care services and staff.

Examples of the services provided included:

- Adult Safeguarding;
- Approved Mental Health Professional Service;
- Assistive Technology;
- Best Interest Assessors (BIAs);
- Commissioned Care Services;
- Commissioning and Contract Monitoring;
- Community Equipment;
- Day Centres;
- Domiciliary and Residential Reablement;
- Estates Service;
- Financial Assessment (Adult Social Care was obliged by law to carry out means testing);
- Home Adaptations;
- Hospital Discharge Services (for both Middlesbrough and Redcar and Cleveland);
- Independent Living Advice;
- Occupational Therapy (across Tees);
- Respite Care; and
- Social Work Support.

The Panel was informed that Middlesbrough's Social Work Teams consisted of the following:

- Access Team: this team comprised 15/16 individuals whose role it was to triage the telephone calls that were made to Adult Social Care, on a multi-agency basis, and to either subsequently signpost or allocate work appropriately;
- Adult Safeguarding Team: the adult equivalent of child protection, this team had a statutory duty to investigate cases if specific conditions were met;
- Affective Disorder Team and Psychosis Team: co-located with colleagues from local mental health teams, the Affective Disorder Team worked with individuals with

- conditions such as Depression and Obsessive Compulsive Disorder (OCD), whereas the Psychosis Team worked with individuals with conditions such as Schizophrenia and Bipolar Disorder;
- Approved Mental Health Professionals (AMHPs);
 - Deprivation of Liberties Safeguards (DOLs) Team (BIAs): this was about protecting the human rights of individuals residing in a care home or hospital, where rooms were kept locked for their best interests;
 - Forensic Learning Disability Team: it was explained that, nationally, there had been a move over the last few years to reduce the number of NHS long term in-patient beds, with work being progressed through a programme entitled 'Transforming Care'. The premise was that nobody should have to live in a hospital, however, it could be very difficult to fully support very high risk individuals in community settings with such profound needs. More high risk individuals moved out into community, and because there was a large psychiatric hospital in the Middlesbrough area, there was a high number of individuals with mental health issues. This was felt to be a very complex area of work;
 - Forensic Mental Health Team: this team supported individuals with historical convictions (e.g. violence and/or sexual offences), who were held on a compulsory basis at Roseberry Park Hospital until deemed ready for release back into community settings. Adult Social Care's role was to work with individuals and psychiatrists to assess people for their readiness to leave the facilities, and to provide support once released. The need to balance the risks posed by the individual with their vulnerabilities was highlighted;
 - Hospital Team: this team carried out hospital discharge work. Reference was made to responsibilities around 'bed blocking' and delayed transfers. It was highlighted that from a delayed transfer of care perspective, Middlesbrough Council performed well against set targets;
 - Older People's Mental Health Team: based at Woodside Resource Centre, this team generally supported cases of dementia, but support was also being provided in respect of other psychiatric illnesses;
 - On-going Intervention Team: this team worked with individuals with long term physical and learning disabilities (i.e. individuals requiring on-going care management);
 - Review Team: this team made a statutory duty of completing reviews, predominantly on an annual basis, of stable care packages; and
 - Transitions Team: this incorporated Adult Social Care's one element of reach into Children's Services; worked started with children at age 14 in preparation for their transition from the child legislative framework into the adult legislative framework.

It was indicated that qualified Social Workers also fulfilled a range of other roles, as required.

In response to an enquiry regarding the maximum number of cases allocated to Social Workers, it was explained that Social Workers were placed in a variety of different settings, which influenced the number of cases allocated to them. For example: a hospital Social Worker may have had five or ten cases at one given time, but a 100% weekly turnover was being achieved. Conversely, a Social Worker undertaking Forensic Mental Health work may have had fewer cases, but turnover was much slower due to increased complexity. This was borne in mind and average case numbers were monitored, but in essence it was difficult to assign a set amount. Further reference was made to case complexity and the allocation of cases to the different Social Work teams.

A Member requested clarification regarding the age at which children transferred to adult services. In response, it was explained that children moved into adult services at the age of 18, however, Children's Services did retain some measure of responsibility up to the age of 25, depending upon whether the respective individual was under the care of the Local Authority. In terms of funding, Adult Social Care would usually be responsible for funding this work, however, the primary matter of concern for services was ensuring that the aspirations and expectations of each individual, and their family, were ascertained early on in the process to ensure that these could be realised. It was highlighted that this was an intensive, complex and expensive area of work, which was also long term. Essentially, two directorates were working together to bridge two different areas of complicated legislation.

The Panel commended the work being undertaken by dedicated Adult Social Care professionals. A Member commented on the physical injuries that could be sustained by Social Workers and Care Workers whilst carrying out their work, and praised the professionalism shown in what could be a very difficult situation.

Middlesbrough's provider services, contracts and commissioning included:

- Adult Social Care Finance;
- Connect Service and Contact Centre;
- Contracts and Commissioning Services (which included contract compliance);
- Estates (estate management): this was required where an individual, through the loss of capacity, was no longer able to manage their own financial affairs. In certain situations, under the Care Act 2014, the Council was appointed powers to assist people in this regard;
- Independent Living Centre: currently under Vancouver House, the service would be relocating in the near future. This service allowed individuals to sample support products with Occupational Therapists (OTs);
- Levick Court: this service offered residential respite for individuals with complex learning disabilities, together with a small number of residential care beds to provide respite opportunities for family members caring for relatives;
- Middlesbrough Community Inclusion Service (MCIS);
- Middlesbrough Mobile Adapt and Mend Service (MMAMS): this service assisted with hospital discharge by installing support equipment (e.g. grab rails) in clients' homes;
- North Ormesby Day Centre (this facility operated for older people);
- Orchard Day Centre (this facility operated in partnership with the Mental Health Trust);
- Reablement Services: this service, which was managed in-house, was concerned with maximising physical capacity. Carers worked to an OT's tailored plan to achieve maximum capability for their client;
- Staying Put Agency: this housing support agency assisted with adaptations, winter warmth campaigns, etc., and won the national 'Home Improvement Agency of the Year' award in 2019, which was an excellent achievement;
- Tees Community Equipment Service (TCES): this service provided thousands of pieces of equipment from warehouse facilities to clients every week; and
- Telecare: this service installed equipment in clients' homes, such as alarms, mats beside beds, pressure sensors, gas alarms, etc.

A Member commented on the return of equipment to TCES once it had been utilised. In response, it was explained that some of the equipment was expensive, whereas some of it was not. Consideration was given to the costs associated with recovering, cleaning and recycling equipment, which was not always effective. However, the service had improved on the number of items being reused.

Details regarding the current priorities for the service area were provided to Members, as follows:

- Co-locate Adult Social Care preventative services at Phoenix Lodge in order to increase effectiveness;
- Complete Fair Price for Residential Care review to support sustainability for the residential care sector (Members heard that this had now been effectively completed);
- Continue to develop integration plans in partnership with key strategic partners to deliver improvements in the health and wellbeing of Middlesbrough's citizens;
- Deliver Better Care Fund plan for 2019/2020, which sought to join-up health and care services so that people could manage their own health and wellbeing, and live independently in their communities for as long as possible. Reference was made to a pooled fund of £12m per year between the Clinical Commissioning Group (CCG) and the Local Authority, which was utilised to work towards Government/Department of Health targets in relation to reducing the rates of hospital admissions. It was explained that a whole series of metrics had been put in place and were monitored; investment in prevention was better;
- Deliver the next stage of Middlesbrough's elements of the Single Point of Access (Partnership Board and Multi-disciplinary Team (MDT)) process to provide more

- efficient services to citizens through greater integration of health and social care (staff training was currently being undertaken in this regard);
- Ensure continued effective engagement with Transforming Care agenda to minimise potential negative impact on service users and the citizens of Middlesbrough;
 - Expand and re-locate autism day care service to provide improved environment for service users;
 - Expansion of TCES to include children's equipment to more effectively support young people with disabilities;
 - Explore Trusted Assessor model for hospital and Medical Receiving Unit (MRU) to facilitate more rapid hospital discharge;
 - Full delivery of Making Safeguarding Personal (a national document) to better meet the needs of individual citizens who were subject to abuse or neglect, or at risk of the same;
 - Implement plans to combine the Access and Safeguarding Adults Team to improve the flow of information and streamline referral processes;
 - Implement the future structure of the forensic social work service, following review, to ensure the service continued to provide safe and effective support to citizens and the broader community. This would be offered on a South Tees basis as the footprint worked well for the local CCG;
 - Maximise opportunities to positively influence the NHS Integrated Care System and Integrated Care Partnership processes and structures aimed at improving health and care;
 - Recommissioning of Adult Social Care frameworks encompassing Mental Health/Learning Disabilities/Physical Disabilities to deliver value for money and improved outcomes;
 - Review reablement service at six months, following implementation of the new model, to ensure optimum efficiency;
 - Review the structure of social work fieldwork teams in preparation for re-location to One Centre Square, and to ensure that services met the changing needs of citizens and their families; and
 - Undertake business planning and preparation in response to the forthcoming Green Paper(s) on the long-term funding of social care.

A Member made reference to the care system and the increasing number of LGB&T residents who would be entering services over the coming years. Consideration was given to the previous review undertaken by the Panel in respect of 'The LGB&T Community and Elderly Care'. The Democratic Services Officer would circulate a copy of this report to the Panel Members, for information. The Panel discussed care home environments and the provision for LGB&T residents in the future. Work would continue to take place in this regard.

The Panel was appraised of the current challenges facing the service area, which were identified as follows:

- Financial position of the NHS locally - local Trust and CCG pressures;
- Fragility of the local care provider marketplace;
- Green Paper(s) on funding for Adult Social Care - when and what?
- Increasing Complexity within the groups supported;
- NHS Long Term Plan/Integration challenges - regional versus local need;
- Pressure of 'austerity' - the financial allocation had reduced from approximately £43M in 2014/2015 to approximately £36M in 2019/2020; and
- Reliance on short term funding - Improved Better Care Fund (iBCF), winter pressures monies, etc.

The Chair thanked the Director of Adult Social Care and Health Integration for his attendance and the information conveyed.

AGREED that:

1. **The Democratic Services Officer would circulate a copy of the Panel's previous report regarding 'The LGB&T Community and Elderly Care' to the Panel Members, for information; and**

2. **The information, as presented, be noted.**

DATE OF NEXT MEETING

Following discussion, the Panel agreed that the next meeting would be scheduled for Tuesday, 30 July 2019 at 10.30 a.m.

In consultation with the Chair, the Democratic Services Officer would prepare a draft schedule of meetings for the remainder of the municipal year, and submit it to the 30 July 2019 meeting for approval.

AGREED that:

1. **The Panel's next meeting would be scheduled for Tuesday, 30 July 2019 at 10.30 a.m.; and**
2. **A full draft schedule of meeting dates for the remainder of 2019/2020 would be drafted in consultation with the Chair, and forwarded to the 30 July 2019 meeting for approval.**