ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL

A meeting of the Adult Social Care and Services Scrutiny Panel was held on 16 October 2019.

PRESENT: Councillors Platt (Chair), Goodchild, Hill, Jones, Lewis and P Storey (as substitute for Walker) and Wilson.

ALSO IN ATTENDANCE: J Berger (You've Got This)
J Cain (Press)
M Fitzgerald (You've Got This)
J Hartley (You've Got This).

OFFICERS: S Lloyd, C Lunn and E Scollay.

APOLOGIES FOR ABSENCE Councillors Cooke, Smith and J Walker.

DECLARATIONS OF INTERESTS

There were no Declarations of Interest.

19/18 **MINUTES - ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL - 16 SEPTEMBER 2019**

The minutes of the Adult Social Care and Services Scrutiny Panel meeting held on 16 September 2019 were submitted and approved as a correct record.

19/19 **INTEGRATION OF HEALTH AND SOCIAL CARE - VERBAL UPDATE**

The Director of Adult Social Care and Health Integration was in attendance to provide the Panel with an update.

The Director of Adult Social Care and Health Integration advised of his recent attendance at a System Design and Implementation Group, which focused upon the local Clinical Commissioning Group (CCG) and the establishment of Primary Care Networks.

Primary Care Networks were the NHS' new operating model for GP practices to work as small collaboratives in order to serve local populations; three networks had been established within Middlesbrough. Each Primary Care Network had seven themes that they were required to deliver upon in order to fulfil funding/contractual requirements. One of those themes revolved around social prescribing, which focused upon the notion of connecting patients to community services to improve their health and wellbeing (where medication was not an appropriate response). This could include provision of physical exercise and/or social contact to alleviate feelings of loneliness and/or social isolation, for example.

Consideration was currently being given as to how the limited funding being made available to GP practices for social prescribing work could best be utilised, in order to achieve the best outcomes for the local population. Officers of the Local Authority were keen to work with GP practices in order to establish how social prescribing could make a difference for all stakeholders. It was explained that, in order for GPs to access funding, there were key objectives/outcomes relating to social prescribing that would need to be met. Specific details around these were not expected to be available until December 2019; however, when available, discussions between Local Authority officers and GP Clinical Directors would be undertaken to consider how resources could be combined to deliver both parties' objectives.

A short discussion ensued with regards to the intended recipients of social prescribing, such as patients presenting with low levels of anxiety or early stages of Type 2 Diabetes. From the perspective of Adult Social Care, it was felt that individuals approaching with low level needs, where an appropriate response would not require involvement from a Social Worker, social prescribing could be offered. Owing to resources, a targeting approach would not be undertaken, but would be based on individuals approaching services (including referrals from third parties). Consideration was given to the Local Authority and its partners, and the

importance of ensuring that all contact with the public was meaningful. It was vital that all aspects of the Local Authority and its partners were alert to the existence of available support/services.

In response to an enquiry regarding the referrals process into Adult Social Care, it was explained that referral contact details were available on the Council's website. A 24/7, 365 days a year social work service was in operation: standard services operated during normal office hours, and an out-of-hours team responded to emergency matters outside of those.

The Chair thanked the Director of Adult Social Care and Health Integration for the information provided; the Director left the meeting at this point.

NOTED

19/20 **PHYSICAL ACTIVITY FOR OLDER PEOPLE (AGED 65+) - FURTHER INFORMATION**

Representatives of You've Got This (Sport England - South Tees Local Delivery Pilot), together with the Council's Advanced Public Health Practioner, were in attendance at the meeting to provide information regarding details of the project and work activities carried out in relation to this topic.

The Panel was informed that in 2015, the Government produced a new strategy based on physical activity: 'Sporting Futures: A New Strategy Towards an Active Nation'. It was highlighted that this strategy focused, for the first time, not only on the benefits of physical activity on physical health, but also how it improved mental wellbeing, social cohesion (through group activity) and economic status (building stability through networks, for example).

In 2016, Sport England (with responsibility for delivering physical activity on behalf of the Government) produced its strategy. Members heard that, within this strategy, there had been opportunity for a small number of areas to deliver activities very differently, as Local Delivery Pilots (LDPs). A National pot of £130m had been made available for areas to bid into the fund. It was highlighted that 113 areas had applied which, following a rigorous process, were narrowed down to 19, and then finally to 12. Not only was the South Tees area successful in becoming one of the 12 areas selected, but was the only pilot in the North East; the closest area was Calderdale. Members congratulated the team on this fantastic achievement.

It was explained to the Panel that Sport England had recognised, through all of the other programmes they had delivered, that whilst thousands of people had benefitted from them, there had been very limited progress made in terms of impacting on the health of the population. Consequently, the aim of this programme was to have the pilot areas consider alternative ways where the change of scale could be at population level. The approach to this was based on 'whole system change', and was focused not only on delivering services and activities to individuals, but was about how policy development could create more active environments. Reference was made to smoking, where it was explained that smoking prevalence had reduced from 60% of the population to lower than 16%. Consideration was given to the wider system changes that had contributed to this, including smoking bans in public places and on advertising, and increased educational activity in schools and colleges. This activity, from national to local level, had contributed to lowering the prevalence. Such an approach had never been taken in respect of physical activity; it was felt that increasing peoples' physical activity would have the best outcome in terms of improving health indices.

Members heard that as part of the approach being undertaken, the LDP would focus specifically on people who completed less than 30 minutes of physical activity per week. Nationally, this was 25% of the population, with the local figure being much worse. It was explained that averages did not take into account such elements as income, ethnicity and social status, and therefore in some of South Tees' most deprived wards, that figure was double.

The approach that the You've Got This team was taking was detailed to the Panel. It was explained that owing to the size of the South Tees population (circa. 270,000), ideas needed to be tested on a small scale. To achieve this, the four wards with the worst health outcomes

in South Tees had been selected for focus: Grangetown and South Bank wards in Redcar and Cleveland, and Brambles and Thorntree and North Ormesby wards in Middlesbrough.

The Panel was informed that four specific 'communities of interest', hidden across the whole area and not geographically defined, had also been selected as part of the pilot. These were:

- People with or at risk of developing Type 2 Diabetes - this was the single biggest expenditure by the NHS at £1m per week; a figure that continued to grow because it was a lifestyle disease. Physical activity could reduce the risk or help ease the effects of the condition;
- People accessing commercial weight loss services, as these often looked more at changing eating habits rather than increasing physical activity. It was highlighted to Members that individuals accessing commercial weight loss services were already in the mindset that they wished to pursue change, and therefore promotion of increased activity to improve health could be undertaken here;
- Working with health professionals to change behaviour and build capacity to utilise physical activity as a clinical pathway. Health professionals were pivotal in influencing patient behaviour and it was vital that the opportunity to connect with thousands of patients each year, who could benefit from support and advice, was successfully realised; and
- Prehabilitation - this was concerned with improving patients' fitness prior to undergoing surgery, which in terms of strain on the body, was the equivalent of running a marathon. The example of older people undergoing orthopaedic surgery was provided.

It was emphasised to the Panel that this pilot was not about the provision of services and activities, but about changing psychological capacity and shifting attitudes to enable people to have at least some priority of physical exercise.

In response to an enquiry regarding connections with existing activity providers, it was explained that some had already been made. Reference was made to such groups as T.O.F.Y. Club (The Over Fifties Youth Club) and Silver Surfers (Age UK Teesside). It was explained that such groups and organisations carried out fantastic work - the issue was that some individuals felt reluctant to participate because of cultural or attitudinal barriers (the example of inactivity amongst an individual's family or friends and the impact upon that individual was provided). It was hoped that this pilot would help to tackle this and influence change.

The Panel was informed that within the four focus wards, specific demographics had been assigned. These were as follows:

- Grangetown - Adults;
- North Ormesby - Older people;
- South Bank - Children/Youth transition; and
- Thorntree and Brambles - Children.

In light of the focus of the scrutiny investigation, Members were appraised of the work specifically being undertaken for older people in North Ormesby.

Members heard that, over the past few months, engagement work had been carried out with the local community to ensure that the results of this pilot were reflective of, and appropriate to, the specific population. Activities included meetings, focus groups and interviews, and had been undertaken with residents, Ward Councillors, Community Hub Managers, Community Groups and others, to target those older individuals that may have been socially isolated and/or hard to reach. This Intervention Mapping work had been undertaken in partnership with Teesside University.

Through in-depth conversation and engagement with community members, community influencers and staff who supported the community, a wide range of themes and areas for discussion had emerged around what impacted someone being physically active. These were outlined to the Panel as follows:

1. Perceived health conditions and needed transport;
2. The dependency on local assets/buildings and working with organisations familiar to them;
3. Physical activity not being a priority;
4. Awareness of physical activity being 'something for them';
5. Co-design with communities;
6. Isolation and safety; and
7. Importance of group activities.

The Panel was informed that older people, particularly in North Ormesby, did still value physical activity, and were aware that they needed to be physically active to keep both the body and mind healthy. However, whether due to, for example: a lack of awareness around the opportunities available; feelings that exercise was not for them; or thoughts that physical activity could have negative repercussions upon pre-existing medical conditions, the statistics did not reflect this initial acknowledgment of the importance of physical activity. Members were advised of the importance of developing new ideas to increase involvement in physical activity, and tapping into all contact points within the community to ensure that socially isolated individuals were able to be reached.

The Panel was provided with statistical information in respect of the work undertaken. Arising from focus group and baseline activities, some of the key points highlighted were as follows:

- The national average for physical activity was 25.1% - in the pilot's four focus wards the average was 43%;
- The most physically inactive people were those over the age of 55;
- The overall activity levels for people aged 55-74 was 52%;
- The overall activity levels for people aged 75-plus was 63%;
- Women and individuals with long-term disabilities were more physically inactive than people who were healthy;
- In response to mental wellbeing questions, there was more disagreement for people over the age of 54 to the question *'I've achieved most goals I've set myself'*;
- More positively, there was a higher sense of social cohesion amongst people over the age of 54, who answered more positively to the question *'to what extent do you agree/disagree that you can trust people in your local area'*;
- Of the focus groups that were undertaken with older people in North Ormesby, their main motivators for being physically active were socialising and improving co-ordination and general health. There was a heightened fear of falling, and it was expressed that restricted mobility and sight problems prevented them from doing things that they would have liked to do;
- Safety was an enormous factor that was identified across the wards and across the age groups;
- Accessibility - stairs, travel issues, people moving away from the area, lack of staff support and confidence were also significant key issues;
- People advised of their reluctance to undertake computer or screen-based activities, stating that group and/or face-to-face contact was preferred;
- 37% of people accessing the commercial weight loss provider Slimming World were over the age of 54;
- Respondents aged 75-plus were the least active group, with 50% of the falling into the 'inactive' category (less than 30 minutes of moderate intensity exercise per week), which was double the national average; and
- Respondents aged 75-plus reported high levels of life satisfaction and mental wellbeing.

A brief discussion ensued with regards to the notion of safety and perception of crime, and the work that would be undertaken with the Police and Crime Commissioner and Cleveland Police in this regard.

In terms of the next phase for the LDP, it was explained to the Panel that work would be undertaken with local groups, organisations and residents to identify some key barriers, prioritise two or three issues and work with people to design interventions or initiatives that

would help to address those issues. This work would be taking place over the next three to four months in North Ormesby. In addition, an orthopaedic pathway would be established, which would help support (predominantly older) patients listed for hip, knee and shoulder surgeries, by improving their activity levels in order to achieve improved outcomes following surgery.

In response to an enquiry, the Panel was advised that the You've Got This team was heavily involved with the work taking place around Primary Care Networks; the importance of social prescribing was briefly discussed.

A discussion ensued with regards to Adult Social Care. It was felt that, in terms of care home provision, there was opportunity for development in this area. It was explained that when the Local Authority's contracts with care providers were due for renewal, consideration as to how physical activity could be built into those contracts, placing a responsibility on providers to work with residents to increase activity, could be undertaken. It was felt that this could potentially have a significant, positive, impact in terms of residents' health and wellbeing, particularly in relation to slips, trips and falls. Members received details regarding a programme entitled 'Focus' which, through Better Care Funding, had been studying malnutrition in care homes. The programme had commenced in Middlesbrough; care home staff were now being trained to identify when residents were at risk of becoming malnourished and potentially being admitted to hospital, which if prevented could save the NHS a significant amount of money. That practice was being embedded into contracts; it was felt that similar work could be undertaken in respect of physical activity. This programme was currently expanding into Redcar and Cleveland, due to its success. Members discussed care needs and the different options available to older people and their families.

It was indicated that in order to support as many people as possible within the pilot area, a 'whole system approach' was required. The pilot was not about duplicating opportunities that were already in existence, but was about building capacity for the support opportunities that were already there, to improve connections between groups and organisations and deliver work collaboratively, as opposed to on an isolated basis. Mention was made of recent discussion activity between different community groups, which had been held to ascertain what activities were being offered to provide support in particular communities. Interestingly, attendees held no knowledge of each other's work; it was felt that offering groups and organisations the opportunity to come together to discuss their work would facilitate collaborative working and the testing of different approaches, replicating where possible. The Panel discussed various initiatives currently taking place, such as community litter picks, which allowed for communities to come together, to socialise and undertake physical activity. The health benefits of walking, in particular, were highlighted to the Panel.

The Panel was informed that the LDP had its core team, as well as services wrapped around it. It was highlighted that a communications and marketing service provider would be commissioned in the near future to help build the brand, promote activities via social media, and undertake campaign work. A provider to monitor social media discussion at a population level to ascertain key discussion points in terms of physical activity, would also be commissioned. It was intended that these services would help support wider cultural change. In response to an enquiry regarding marketing material for You've Got This, the Panel was advised that once this had been produced, it would be circulated to Members as/when requested.

In terms of funding, it was explained to the Panel that monies for the LDP would essentially be drawn down on the basis of need. It was explained that there was a financial envelope that could be bid into, but requirements would be different for each pilot area. Population size did differ quite substantially, with one area working with a population figure of 6000, and another with 2.5 million. It was highlighted that Sport England was not a distance funder: a representative had attended all meetings and therefore been heavily involved in the LDP process.

In response to an enquiry, it was indicated that the LDP could not fund large capital builds, but could support organisations in other ways. Sport England had a specific capital fund (Community Asset Fund), which was directed at community organisations that were looking to

build capacity within their communities. It was highlighted that the You've Got This team had recently supported a bid in Grangetown, and would be willing to provide further assistance to others with data and insight information, as required. Consideration was given to the role of rewards and incentives in motivating individuals to undertake physical exercise; however, it was felt that these needed to be offered appropriately, with increased emphasis being made towards looking at ways in which more individuals could be attracted to activity sessions, and how they could continually be supported to encourage ongoing participation.

Members were advised that a Community Investment Programme would be established in order to allow opportunity for groups with ideas to increase physical activity to bid for small grant funding. Bidding would be made as accessible as possible by allowing applications to be made via video and face-to-face presentations. All groups/organisations would be highly encouraged to apply.

It was highlighted to Members that this pilot project had attained excellent results to date, with conversations about physical activity being held with organisations, such as Thirteen Group and Beyond Housing, which had never been undertaken previously. In terms of housing development planning, having the opportunity to discuss such matters as green space with developers was excellent.

It was highlighted to the Panel that, population-wise, this pilot needed to consider the wider masses; services were not available for 270,000 people. Reference was made to the skilled team of officers within Public Health who delivered exercise to those that really needed it, and resources ought to have been targeted as such to help prevent those individuals from entering care homes. Mention was made of the teams operating out of The Live Well Centre, and it was suggested that a future meeting be held at the Centre to allow for Members to have a tour of the facilities. The Democratic Services Officer would look into this.

With regards to governance and staffing, it was explained to the Panel that Redcar and Cleveland Borough Council was the accountable body for the LDP; however, the Authority did not employ any of the staff. Employees of Voluntary Community Sector organisations were contracted to deliver the pilot project, which allowed for increased buy-in and capacity building.

The Chair thanked the representatives for the information provided; the representatives left the meeting at this point.

The proposed aim(s) and terms of reference for this scrutiny investigation had been circulated for Members' consideration. These were as follows:

Proposed aim(s):

To raise awareness of the issues surrounding physical activity for older people over the age of 65, and encourage further participation in physical activity.

Proposed terms of reference:

1. *To understand the importance of physical activity for those over the age of 65;*
2. *To examine current service provision and ascertain how accessible physical activity is for Middlesbrough residents over the age of 65; and*
3. *To explore effective strategies, interventions and projects to further develop service provision.*

During discussion, Members considered the reference to older people at age 65-plus. For focus, and in light of previous literature published by the NHS, which indicated that "*Many adults aged 65 and over spend, on average, 10 hours or more each day sitting or lying down, making them the most sedentary age group",* the Panel agreed to retain this demographic and not reduce the age group down to 50 years-plus.

The Panel approved the proposed aim(s) and terms of reference without the need for amendments.

AGREED that:

1. **The Democratic Services Officer would follow up the suggestion for a future meeting to be held at The Live Well Centre; and**
2. **The information, as presented, be noted.**

19/21 **OVERVIEW AND SCRUTINY BOARD - UPDATE**

The Chair provided a verbal update on the matters that were considered at the Overview and Scrutiny Board meetings on 16 September 2019 and 3 October 2019.

It was highlighted that at the 3 October 2019 meeting, the Board had considered and approved the Adult Social Care and Services Scrutiny Panel's final report in respect of *'Social Care Support for Older Carers'*. The report would be submitted to the Executive on 19 November 2019 for consideration.

NOTED

19/22 **DATE OF NEXT MEETING - WEDNESDAY, 13 NOVEMBER 2019**

The next meeting of the Adult Social Care and Services Scrutiny Panel had been scheduled for Wednesday, 13 November 2019.

NOTED