

ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL

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

PRESENT: Councillors Platt (Chair), Jones, Walker and Wilson.

ALSO IN ATTENDANCE: J Cain (Press).

OFFICERS: R Bedford, C Lunn, E Scollay and C Walker.

APOLOGIES FOR ABSENCE: Councillors Cooke, Goodchild, Lewis and Smith.

DECLARATIONS OF INTERESTS

There were no Declarations of Interest.

MINUTES - ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL - 30 JULY 2019

The minutes of the Adult Social Care and Services Scrutiny Panel meeting held on 30 July 2019 were submitted and approved as a correct record.

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.

Following the change in administration and the appointment of newly elected Councillors to the Panel, background information concerning work that had been undertaken around the reconfiguration of the NHS, over the past number of years, was provided.

At the present time, the Integrated Care System (ICS), which was part of the NHS structure, continued to evolve. This was deemed a new layer of collaboration within the NHS, which covered the North East and Cumbria. Previously entitled the Sustainability and Transformation Plan (STP), this focused on the concept of health bodies finding efficiencies through appropriate commissioning practice, i.e. either on a local or broader footprint basis. Officers continued to attend meetings in respect of the ICS.

Below the ICS were Integrated Care Partnerships (ICPs), which were effectively more localised collaborations between health bodies and Local Authorities. South Tees Clinical Commissioning Group (CCG) was currently working through an amalgamation of five CCGs, which meant that a larger health body would take responsibility for commissioning across Tees, and slightly beyond, in due course. Reference was made to the significance of local planning, and the importance of local health services having the ability to determine what was best to meet the needs of the local community. Officers from the Local Authorities continued to work with South Tees CCG to ensure that this local responsibility was fulfilled.

Reference was made to the establishment of Primary Care Networks (PCNs), which revolved around the notion of GPs assuming greater responsibility for the needs of their local areas. Additional funding had been provided to GPs to collaborate with their colleagues (including Community Nurses and Physiotherapists, the Voluntary Community Sector (VCS) and Social Care workers) to form PCNs, and assume responsibility for such matters as social prescribing and additional pharmacy support. Four PCNs were currently being finalised within Middlesbrough. From the perspective of the Local Authority, officers were currently looking at how this linked in with the Council's plans around locality working, and how the PCNs could best link in with Social Care, Community Hubs and other resources. Mention was also made of the Ageing Better Middlesbrough programme, and how this initiative linked with that.

In response to an enquiry regarding outcomes, it was explained that much of this integration work revolved around prevention. In terms of the PCNs, for example, it was felt that if a more collaborative approach could be undertaken to assist in the reduction of medication

prescriptions (for example: linking in with the VCS or encouraging physical activity (social prescribing)), this would offer potential financial benefit to both Local Authority and health services. Commissioning on a broader footprint would also promote efficiencies by reducing duplication of effort and allowing Social Care professionals increased time to attend appointments.

The Panel discussed the role of the VCS in assisting people to maintain their mental and physical health. Around 600 voluntary services were active in the area at any given time, each with their own area of focus and skillset. The quality and significance of social activity in relation to health and wellbeing was emphasised, and reference made to primary legislation, such as The Care Act, in this regard.

In response to an enquiry regarding the production of a booklet detailing all of the active voluntary organisations operating in Middlesbrough, it was indicated that it was very difficult to keep such a document current, as services frequently changed. However, an online directory entitled 'Middlesbrough Matters' was available on the Council's website for both staff and the public to access. This had been established some years ago, with organisations being invited to maintain their information in order to keep it up-to-date.

A discussion ensued in relation to the PCNs, prevention work and social prescribing; social prescribing involved helping individuals to improve their health and wellbeing by connecting them to community services/activities. The NHS document regarding social prescribing was currently awaited; however, in advance of this, the four PCNs in Middlesbrough had liaised with Ageing Better Middlesbrough and assigned a Link Worker to each of the GP practices. This was felt to be especially positive, as Link Workers acted as the intermediary between GPs and Ageing Better Middlesbrough (the latter of which had excellent links to the voluntary sector). Individuals presenting with feelings of loneliness, social isolation or low mood, for example, could be assessed and referred to appropriate support organisations. Work was currently being undertaken around the delivery of social prescribing going forward, with consideration being given towards such matters as GP delivery methods and opportunities for the Local Authority and/or other organisations to establish service models. Members discussed the positive impact of social prescribing and intervention work, and the difference that it could make to the quality of peoples' lives.

The Panel was advised that a Local Government Association (LGA) peer review would be taking place in the near future, which would focus upon delayed transfers of care. Nationally, there had been a collaboration between NHS England and the LGA to undertake peer reviews, which provided opportunity for senior officers from different systems to carry out supported audits, acting as 'critical friends' to assist with system improvements.

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

NOTED

SOCIAL CARE SUPPORT FOR OLDER CARERS - DRAFT FINAL REPORT

The Democratic Services Officer presented the draft final report in respect of the 'Social Care Support for Older Carers' investigation.

During discussion, Adult Social Care's Commissioning Officer advised that, in relation to supporting employees who were also carers, the Council did have some very robust mechanisms in place. Reference was made to the Middlesbrough Carers Strategic Partnership, which had recently sponsored a Champion for Business award through the Gazette Community Champions awards. It was highlighted that there would be local press coverage in the near future.

Members were directed to the conclusions set out in paragraphs 118-135 of the report. The Panel agreed the conclusions as presented, with no amendments being required.

Regarding the Panel's recommendations arising from the investigation, a number of potential suggestions were tabled. Following discussion, Members agreed that the following recommendations would be inserted into the report:

1. That Council policies and procedures relating to older carers continue to be effectively communicated to all Council staff via appropriate methods (for example: payslip, intranet and bulletin messages).
2. That work be undertaken to:
 - a) Ensure that literature publicising support services for carers (for example: leaflets, posters and flyers) be displayed in prominent places within Council buildings, and electronic resources (for example: the Council's website, social media platforms and e-bulletins) are fully utilised; and
 - b) Incorporate information about older carers into existing publicity resources within community settings (such as town centre stalls), with an aim to increase both awareness of the support available to older carers, and the number of referrals to support organisations.
3. That all Elected Members receive briefings from appropriate support organisations to help raise awareness of the work being undertaken, and identify ways in which support can best be provided to older constituents with caring responsibilities.
4. That consideration be given, with the assistance of appropriate partners, to the issues pertaining to the death of a carer, including legal matters, advocacy and support, and suitable measures be put in place to help alleviate the concerns of carers.
5. That training be provided to wider Council staff, where applicable, to ensure that older carers can be effectively identified and signposted to appropriate organisations.
6. That Adult Social Care meets with other service areas, including Children's Services and Public Health, to review how data held by the Council is collected, and how it could be utilised to identify areas/wards that may have higher numbers of older, and possibly 'hidden', carers.
7. That, in relation to private hire transport issues, the Licensing department encourages private hire companies to enhance provision for transport after 18:00, and increase the number of vehicles with wheelchair disabled access.

The Panel agreed that, following final approval of the recommendations being made via e-mail, the report would be submitted to the Overview and Scrutiny Board for consideration.

AGREED that:

1. **Following final approval of the recommendations being made via e-mail, the Panel's final report in respect of 'Social Care Support for Older Carers' would be submitted to the Overview and Scrutiny Board for consideration; and**
2. **The information, as presented, be noted.**

INTRODUCTION - PHYSICAL ACTIVITY FOR OLDER PEOPLE (AGED 65+)

By way of introduction to this new topic, the Director of Adult Social Care and Health Integration and the Health and Physical Activity Development Manager had been invited to the meeting to provide information to the Panel.

The Panel was advised that this topic could initially be looked at two-fold: the first aspect concerned the types of services being delivered by the Council, and the second aspect concerned how these services were being made accessible.

Regarding the types of services currently being delivered, Members heard that the Council had a highly qualified and experienced delivery team within Public Health. Over the past few years, the team had streamlined work by ascertaining what the key areas were for Middlesbrough, and the interventions that were required. A lot of this work considered all round physical activity; at present, 11.5 hours of this activity was being delivered to older adults. This included prevention work, such as balance and falls prevention; tai chi; chair-based physical activity; and low level circuit sessions. More specific work, which looked at such areas as: dementia; multiple sclerosis; stroke rehabilitation; and exercise on referral, was also being carried out.

Regarding the accessibility of these services, reference was made to a Sports England pilot delivery project that was currently being undertaken. It was explained to members that preventative and rehabilitative work could be offered relatively easily, but it was about ensuring that these were made accessible to people, and therefore a whole system approach needed to be pursued. Such an approach took into account wider variables, such as infrastructure (street lighting; roads; pavements; transport, etc.). The aim was to encourage people to consider physical activity generally, and make it as straightforward as possible for them to participate in it. Consideration was given to the significance of physical activity in later life, particularly around falls prevention, and the benefits it could have for both the individual and public services.

Following a Member's suggestion that a walking group activity be established at Middlesbrough Sports Village (MSV), a discussion ensued regarding leisure centres in the town, including the facilities available (for both physical and social-based activities), accessibility and visitor numbers. Regarding the social element of the centres, it was felt that group activities, cafés and meeting spaces were tremendously important and could greatly increase participation in physical activity.

The Panel was provided with information regarding prevention work. It was explained that prevention was broken down into three strands: Primary, Secondary and Tertiary. The suggestion of walking as a form of exercise was considered in relation to each strand, and the likelihood of this being successfully achieved. In terms of individuals within the tertiary area of prevention, who were already in the social care system and receiving care, it was indicated that maintaining physical activity for these individuals was a key priority. Consideration was given to the role of professionals, such as Occupational Therapists and reablement staff, who provided support to help people remain active. Members discussed the likelihood of access to facilities such as the MSV for different groups of people, and the varying components involved in maintaining a physically active lifestyle, such as having time available.

The Panel heard that the work being undertaken by Public Health staff aligned with the secondary and tertiary aspects of prevention. For example: pre-operative physical activity work was being undertaken with individuals to result in more successful operations and improve recovery/rehabilitation times. Mention was also made of the referrals process to other support organisations that occurred further down the rehabilitation pathway.

In terms of primary prevention and supporting individuals to remain active initially, it was indicated that due to capacity, Public Health would, on a small scale, signpost individuals to appropriate support groups/organisations, such as stroke group. In terms of wider scale support, it was intended that this would be pushed as part of the Sport England local delivery pilot scheme, and plans were in place as to how this would progress. It was highlighted that older adults were key on the agenda, and any learning taking place initially at North Ormesby would be moved across different areas of Middlesbrough and Redcar and Cleveland.

Reference was made to existing literature which indicated the need for 150 minutes of physical activity to be undertaken each week. It was felt that this could be off-putting. It was highlighted that even small amounts of exercise or movement was better than doing nothing at all. Consideration was given to lifestyle and the importance of ensuring that physical exercise was workable and could accommodate other everyday commitments. The Panel discussed the whole system approach and the significance of matters such as transport, infrastructure and health and safety in supporting the integration of physical activity into general lifestyle. Members also considered varying social and health factors, such as group exercise, social

anxiety and mental health, in relation to individuals incorporating physical activity into their daily lives. Reference was made to health walks currently being offered by Middlesbrough Environment City and others within the town. It was felt that varying start times and overall duration of these walks did facilitate participation.

The Panel was appraised of details regarding the Sport England local delivery pilot scheme. It was explained that Middlesbrough and Redcar and Cleveland (as a South Tees offer) had successfully bid for a share of £130m in funding (there was no specified amount and was selective based on need); 12 areas were selected out of over 100 that had applied. The local delivery pilot was entitled 'You've Got This', and focused upon increasing physical activity through whole systems change. It was explained that the objective was not to simply establish more activities for people, but was about focusing on the much broader picture of what physical activity was and what the barriers to physical activity were.

In terms of key areas of work within South Tees, the following had been identified as part of the bid process:

- Diabetes prevention;
- Pre-operative physical activity;
- Work with GPs around education of physical activity; and
- Weight loss and working with commercial weight loss providers.

In terms of geographical areas, the scheme focused on four socially deprived localities: Brambles and Thorntree, Grangetown, North Ormesby and South Bank. Within those, each had their own key elements of work: North Ormesby, for example, was currently looking at older adults. The ethos focused upon learning and the positive impact of passing on examples of best practice.

The Panel considered the broad range of this topic, recognising potential cross-cutting work being undertaken within the local delivery pilot scheme. Members discussed looking at potential gaps identified by Sport England, as well as different personality types and the varying barriers that could prevent individuals from participating in physical exercise. In response to a comment regarding financial cost being prohibitive, reference was made to the importance of promoting Middlesbrough as a place to exercise for free, with mention being made of Ormesby Hall, Hemlington Lake, Fairy Dell, and the general architecture of Middlesbrough offering free walking. It was felt that the key was to empower people to feel motivated, that they could achieve it, and support them to take a step onto that journey, although wider whole system work would be required to achieve this.

The Panel briefly discussed incentives that could assist with behavioural change and participation in physical activity, and how effective these could be.

In terms of next steps, the Chair and Democratic Services Officer would meet to consider the potential aim(s) and terms of reference for the review. The resulting suggestions would be circulated to all Panel Members for consideration and contribution of their own thoughts, prior to agreement at the Panel's next meeting on 16 October 2019.

The Chair thanked the Director of Adult Social Care and Health Integration and the Health and Physical Activity Development Manager for their contributions to the meeting.

AGREED that:

1. **The Chair and Democratic Services Officer would meet to consider the potential aim(s) and terms of reference for the review. The resulting suggestions would be circulated to all Panel Members for consideration, prior to agreement at the Panel's next meeting on 16 October 2019; and**
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 5 September 2019.

NOTED

DATE OF NEXT MEETING - WEDNESDAY, 16 OCTOBER 2019

The next meeting of the Adult Social Care and Services Scrutiny Panel had been scheduled for Wednesday, 16 October 2019.

NOTED