

**ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL**

A meeting of the Adult Social Care and Services Scrutiny Panel was held on 18 December 2019.

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

**OFFICERS:** S Hydon, S Lloyd, C Lunn and E McInnes.

**APOLOGIES FOR ABSENCE** Councillors Hill, Lewis, Smith and Wilson.

**DECLARATIONS OF INTERESTS**

There were no Declarations of Interest.

**19/28 APPOINTMENT OF VICE-CHAIR (INTERIM)**

Following the long-term absence of the Panel's Vice-Chair, and as a result of discussions had at the Panel's previous meeting on 13 November 2019, nominations were sought for the appointment of Vice-Chair on an interim basis. However, should the existing Vice-Chair not return to his role, this appointment would be made permanent until the end of the Municipal Year.

Two Councillors - Councillors Hill and Walker - were nominated and seconded.

Following a vote, Councillor Hill was appointed as (interim) Vice-Chair of the Adult Social Care and Services Scrutiny Panel.

**AGREED that Councillor Hill was appointed as (interim) Vice-Chair of the Adult Social Care and Services Scrutiny Panel.**

**19/29 MINUTES - ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL - 13 NOVEMBER 2019**

The minutes of the Adult Social Care and Services Scrutiny Panel meeting held on 13 November 2019 were submitted and approved as a correct record.

**19/30 INTEGRATION OF HEALTH AND SOCIAL CARE - VERBAL UPDATE**

In the absence of the Director of Adult Social Care and Health Integration (apologies received), this item was deferred.

**NOTED****19/31 PHYSICAL ACTIVITY FOR OLDER PEOPLE (AGED 65+) - FURTHER INFORMATION**

The Council's Sport and Client Relationship Manager and Health Improvement Practitioner (Ageing Well/Dementia) were in attendance at the meeting to provide information regarding work activities carried out in relation to this topic.

Regarding sport and leisure, a briefing note provided to the Panel in advance of the meeting covered the following topics: Background; Key Performance Indicator Review; Maintenance/Capital Work; Success Stories; and Conclusion.

The Sport and Client Relationship Manager indicated that Sport and Leisure Management (SLM), which operated under the name 'Everyone Active', had entered a 15-year contract with Middlesbrough Council to manage its leisure centres/services. The contract commenced in April 2016 and was therefore currently in its fourth year. The contract had strong governance that culminated each quarter in a Leisure Liaison Board, which had previously been chaired by the Director of Public Health. The Liaison Board was attended by the Council's portfolio holder for sport and leisure, together with representatives from Middlesbrough Council and SLM. The Sport and Client Relationship Manager advised that his role also incorporated

management of the sport and leisure contract in Redcar and Cleveland, which was also operated by SLM ('Everyone Active'), together with other sport development work.

Statistics showing the overall attendance figures for Middlesbrough's leisure venues, up to the end of September 2019 (alongside the comparative figure from September 2018), were provided to Members. It was explained that figures were prepared on a quarterly basis, with the next release expected in January 2020. The statistics for the current period indicated the following:

			2018/19	2019/20	Variance
Middlesbrough Sports Village	93,625	86,340	-7,285		
Neptune Leisure Centre	136,876	124,897	-11,979		
Rainbow Leisure Centre	181,315	195,637	14,332		
Golf Centre		28,499	26,606	-1,898	
Run Middlesbrough	5,695		4,338	-1,357	
Total			446,010	433,480	-9,055

It was explained to the Panel that, in terms of the variances identified between years, there were some mitigating factors that had contributed to this. These were as follows:

- Middlesbrough Sports Village had performed well this year, but there had been a reduction in attendances due to 'One Big Weekend', elections (i.e. use of the premises for polling and count activity), and a Football Development Programme Break;
- Due to the demolition works taking place on the Southlands site, the football pitch had not been utilised over the summer months;
- As attendances were counted as transactions through SLM's till/management system, group bookings, such as for 'The Over Fifties Youth Club (T.O.F.Y Club)', did not take account of all individuals attending those sessions;
- The Neptune Leisure Centre had seen increased cancellation and fewer attendances - work was currently ongoing with the Council to address this;
- The Rainbow Leisure Centre was having a strong year with membership sales, swimming lessons and activity programmes all performing well;
- The Golf Centre had seen green fee income increase and season tickets sales had doubled over the last two years by circa. 500. However, this has not been reflected in attendance figures due to play-by-season ticket holders not being recorded. SLM were reviewing the registration process for season ticket holders to ensure that their attendances were captured in the future; and
- The Run Middlesbrough programme had seen reduced numbers across all events. This was in part due to not including free spaces (400 runners from the Football Development Programme did not attend this year). It was thought that Stockton's Great Tees Run also impacted on Run Middlesbrough's 10k numbers. Run for All (the 'Run Middlesbrough' organiser) was to review their local marketing strategy for Run Middlesbrough events for 2020.

In response to an enquiry regarding the attendance figures at the Rainbow Leisure Centre in comparison to Middlesbrough Sports Village, it was explained that there was increased footfall/passing trade and car parking available at the Rainbow Leisure Centre. In addition, there had been capital investment at the start of the contract which had doubled the size of the gym, relocated the reception space, and generally made the Centre a more appealing place to visit. A Member commented that the Rainbow Centre was also part of a district centre, which had shopping and a variety of other community activities available with ease of access. The Rainbow Leisure Centre was also very generic in what it offered, whereas the Sports Village was more specific, e.g. specialist cycling, football and athletics provision. It was felt that the Sports Village was a fantastic asset to the town and loaned itself very well to what it offered. It was highlighted that health development programmes and activities were held for older people during the daytime, which encouraged older to people to undertake physical activities.

Regarding the Neptune Leisure Centre, it was acknowledged to the Panel that there were issues with attendances, and SLM was undertaking a piece of work in an attempt to further understand the reasoning behind this. Members discussed issues around Anti-Social

Behaviour (ASB) and the layout of the foyer area of the building. Discussions were currently taking place as to whether any development work could potentially be completed to assist in this regard. A Member made reference to Community Asset Transfers that had been successful in other areas and commented that a similar initiative could prove equally positive for the Neptune Leisure Centre. The Panel considered the location and role of the Library within the Centre; potential Police/PCSO presence to assist with tackling ASB; the possible establishment of a youth club/centre on site; and the reasoning behind an amalgamation of public and commercial services on one site.

In response to an enquiry regarding the financial element of the sport and leisure contract, it was explained that, ultimately, there was a financial position within the contract that SLM had tendered and signed up to, which in effect meant that for the duration of the contract, leisure services would be provided for zero subsidy to the Council. The savings to the Council were felt to be significant over the course of the 15-year contract.

It was explained that although SLM was a commercial business, their trading brand 'Everyone Active' operated as a charity, which offered opportunity for access to other funding streams. Reference was made to work currently taking place in partnership with the Local Delivery Pilot (LDP), which focused on accessing funding against work programmes with external organisations, such as Slimming World. The governance structure in place helped to ensure that both public health and community agendas continued to be successfully supported.

It was highlighted to the Panel that participation across SLM-managed Middlesbrough facilities through the same period for over 60's had improved, as follows:

2018/19	2019/20	Variance		
Over 60's attendance	7,099	7,212	113	

It was felt that there were lots of opportunities for older people, over the age of 60, to get involved in physical activity within leisure centres. These included: Athletics; Badminton; Cycling; Dementia friendly activities; Golf; Gym; Health Development Team programming; Recreational netball; Running; Swimming; 'T.O.F.Y Club'; Walking; and Walking football.

The Panel considered potential ways of how best to promote/market/publicise/communicate the activities and services available to the older demographic, which was felt to be a fundamental issue. A variety of methods both on-and-offline-based were discussed, as Members felt that not everyone over the age of 65 could readily access IT. Such methods included formulation of a one-stop resource that could incorporate information raised at group events, activities and forums (and which could be regularly/easily updated); together with face-to-face conversations at opportune, 'teachable' moments, such as when supporting individuals at moments of crisis, or when advised by their GP to improve their fitness. As part of the LDP work, other 'teachable moments' included: diabetes work; client-health professional interaction; and during pre-habilitation (the average age for this was currently 67 years). Reference was also made to emerging models across different Primary Care Networks, together with social prescribing work. It was recognised that there was a substantial amount of work being undertaken and the key was bringing all of these resources together. It was acknowledged that there were many different barriers to physical activity, such as ease of access/transport-related, which would require significant thought.

In response to an enquiry, it was confirmed that 'exercise on prescription' was still offered to individuals, but it was important that GPs referred to the appropriate pathways, for the appropriate reasons. The Advanced Public Health Practitioner advised Members that, as part of the LDP, analysis had been carried-out in respect of GP referral rates by GP practice, and there had been variation. Work would continue in this regard.

A lengthy discussion ensued in respect of membership fees/costs to access sport and leisure facilities. The following points were raised:

- Membership fees were currently £24.95 per month for adults; annual payment offered two months free, which reduced this cost;
- There were currently no concessions available to those over the age of 65 - only

students and under 16s received a concessionary membership rate. As older people may be less inclined to visit the gym on a daily basis, perhaps for three visits per week, the Panel Members felt that this worked out more expensive than for younger adults, who may have visited more frequently;

- Leisure Centre staff, as the face of the Centre, were required to be knowledgeable and encouraging to visitors;
- The Panel considered free alternatives to attending leisure centres, such as walking groups that operated across the Middlesbrough area. These included undercover walks at Christmas and 'Walk and Stroll' events around parks and other areas;
- Members felt that the aim was to encourage as many over-65s as possible to maintain their health and physical activity levels to help prevent entry to care homes/services for as long as possible. It was felt that the costs associated with fitness did not assist with this;
- SLM was keen to discuss potential activity development with groups of people, with reference being made to 'T.O.F.Y Club' as an example of this. This club had started from the ground up, initially being funded by Sport England, and subsequently became independent following the cessation of funding. It was explained that this was an excellent example of how things should have worked, i.e. supporting an organisation to become self-sustainable;
- SLM was a commercial company operating in a very competitive industry. Reference was made to a large commercial gym located in the town centre that would be closing on 31 December 2019, together with plans for gym facilities in the upcoming Snow Centre development;
- A previous operator of leisure centres in Redcar and Cleveland had 29 different tariffs in place for specialist interest groups; 'Everyone Active' had reduced these down to five tariffs. Special groups continued to request concession rates and it was acknowledged that over 65s could be considered a specialist group. However, it was also important to recognise that SLM was a commercial venture and that income generation required viability in order for the centres to be sustained;
- Members were informed that Grandparents Plus had held discussions with SLM as to how they could utilise their facilities. Based some days of the week in The Live Well Centre, Grandparents Plus could potentially assist with activity provision;
- It was commented that not all activities included in memberships were relevant to everyone - some enjoyed swimming, others the gym and others fitness class, some actively engaged in all three. Reference was made to other activities taking place in the leisure centres that were especially popular with older people, such as netball and indoor bowls. The key was to ensure that groups of people, with ideas, were actively coming forward to discuss them with the service providers;
- A Member made reference to other leisure activities, such as theatre and dining, which offered concessions to older people. The Panel considered concession rates and what they felt would be deemed appropriate in terms of access to leisure centres. A Member commented that attendance at leisure centres could have been prohibited by the cost of membership, and would have preferred to see a flat-rate entry fee per visit for over-65s. The Sport and Client Relationship Manager indicated that, from SLM's perspective as a commercial company, offers needed to be commercially viable. It was explained that modelling work around fees/costs will have been undertaken and charging worked out in response to this. Viability was fundamental to enable SLM to service the contract that enabled the Council to offer leisure services at zero subsidy; and
- It was felt that, from SLM's perspective, it would be particularly useful to ascertain the level of demand for gym use for people over the age of 65, and then look at ways to meet this demand. It was suggested that consultation or focus group activity would prove particularly useful in this regard. Similarly, it was felt important to establish what the demographic wanted; reference was made to the LDP and an on-going piece of work focusing on older people in North Ormesby, and what insight this could potentially offer.

In terms of potential barriers to older people accessing sport and leisure facilities, a Member commented that older people may have found it difficult to keep up with younger instructors/fellow class members at activities, such as aqua aerobics. The Panel discussed action that had previously been implemented to counteract such a barrier, such as provision of

classes at different abilities/levels.

The Advanced Public Health Practitioner commented on 'dead space' in leisure centres during the day, both in Middlesbrough and in Redcar and Cleveland, particularly in respect of sports halls and squash courts. It was suggested that groups with suggestions for activities could approach providers to ascertain whether facilities could be utilised at quieter times for a reduced hourly rental rate.

Consideration was given to the cafe/refreshments facilities available at leisure centres, which often provided excellent space for socialising after physical activity. It was indicated that these services needed to be commercially viable in order to be provided. Private businesses currently operated at the Rainbow and Neptune Leisure Centres, and the cafe at Middlesbrough Sports Village would be re-opening in the near future.

It was highlighted to the Panel that leisure centres in other areas could also be accessed, for example: Eston Leisure Centre, located in Redcar and Cleveland.

In response to an enquiry regarding benchmarking against leisure centres in other local authority areas, the Panel was advised of a national benchmarking service that had been designed by a University Professor on behalf of Sport England. This allowed for data pertaining to leisure centre usage, income, etc. to be collected and analysed/benchmarked against four other similar leisure centres across the country (based on such variables as size, facilities offered, etc.). This service was currently undertaken in Redcar and Cleveland as part of the service contract, but was not in Middlesbrough's annual contract.

A Member asked whether the Council could make activities/services available at a time of day when facilities were not being used, such as during quieter periods at the Sports Village. In response, it was reiterated that this would certainly be possible, but providers would need to be advised as to the types of activities/services that people wished to pursue. It was highlighted that discussion around this was both highly encouraged and welcomed. Reference was made to Ageing Better Middlesbrough and the consultation work that had been undertaken and learning outcomes achieved. It was felt that this kind of activity would not only help to ascertain what people wanted, but to offer encouragement for people to access different places and change perceptions of what places and activities were like. The Panel was advised of the importance of 'grass roots' support and the coming together of willing partners, whether individuals or groups, to move ideas and areas of interest forward. Demand would drive supply; business cases would be required for service providers. It was commented that many different barriers did exist (ranging from transport and accessibility, to limited confidence and social skills), and therefore it was about understanding these and addressing and overcoming them individually.

The Panel discussed outdoor areas across the town, such as parks and lakes, and how these were actively being utilised for group walking and running activities. Consideration was given to wider infrastructure, such as effective street lighting, and how this assisted/encouraged older people to participate in activities. Members were appraised of plans by Public Health to introduce new walking groups in February 2020. Discussion was currently underway, but it was anticipated that walks would have different themes, such as local history.

Members discussed the role of carers and the importance of supporting their health and wellbeing. Reference was made to carer's assessments and consideration given to the potential of incorporating gym membership into subsequent plans.

The Chair thanked the Sport and Client Relationship Manager and the Advanced Public Health Practitioner for their contributions to the meeting; the representatives left the meeting at this point.

The Health Improvement Practitioner (Ageing Well/Dementia) had provided a briefing note to the Panel in advance of the meeting, which the following topics: Background; Dementia Friendly Middlesbrough; Dementia Hub; Coordinated Low Level Interventions; The Live Well Centre Age Well Steering Group; Ageing Better Middlesbrough Programme; and Age-friendly Middlesbrough.

Members were advised that in respect of the Dementia Friendly Community initiative, for which Middlesbrough had achieved Dementia Friendly Town status in March 2016, in addition to encouraging businesses to sign up to the programme, a key aspect revolved around the implementation of suitable community activities for people with dementia. It was explained that, previously, activities had been held exclusively for individuals with dementia and their carers, however, these were now open for anyone to attend (the example of inclusive chair-based exercise activity was provided).

All of Middlesbrough's leisure centres had signed up to be dementia friendly; discussions were currently taking place to determine what activities could be held to support this, and how the needs of those accessing activities could be met.

The Panel heard that in terms of Community Mapping support, an interactive map had been developed for professionals to enable them to navigate and signpost people to appropriate support provision, such as activities within local communities. Mention was made of social prescribing and use of this map by Link Workers to facilitate this process.

Members heard that very positive links had been established with GP practices in Middlesbrough and dementia awareness sessions delivered to practice staff. Borough Road Medical Practice, for example, had set up a dementia cafe for their patients who had received a dementia diagnosis, to offer a place to learn more about dementia and to reduce the risk of social isolation. This work would continue with other GP practices in Middlesbrough. It was highlighted that raising awareness within GP practices would help to improve early identification and increased diagnosis of dementia. The process for diagnosing an individual with dementia and providing follow-up support was outlined to Members.

The Panel was advised that a volunteer befriending programme for carers and ex-carers of people living with dementia was helping to break down barriers for people with dementia accessing community activities. This also helped to improve social connectedness and reduce loneliness and/or social isolation, particularly for volunteers who were bereaved or whose loved ones had entered into full-time residential care. It was felt that peer-led programmes were especially effective in support provision. Reference was made to tea dance activities held every six-weeks at Acklam Green Centre, which had in excess of 50 people attending each session. A Member commented on the different forms and stages of dementia and the importance of making activities as open and inclusive as possible, particularly in community settings.

Mention was made of work being undertaken in terms of signing businesses up to be dementia friendly. At present, over 160 businesses were signed up, and there were currently 3000 dementia friends in Middlesbrough who had attended a one hour awareness-raising session. It was suggested that this session be offered to all Elected Members.

Reference was made to Community Councils, dementia training/awareness-raising sessions being provided to them, and potential use of community buildings in holding activities for older people and individuals with dementia. At present, one in fourteen people were diagnosed with dementia and 600 in Middlesbrough were predicted to be un-diagnosed. It was felt that offering activities within various localities would greatly facilitate access to support.

With regards to a dementia hub, the Panel heard that following the completion of a needs assessment with stakeholders in 2017 (undertaken to ascertain gaps in support and to develop commissioning practice), it had been identified that a central point of access was required. A facility was currently being established in Middlesbrough with potential funding from the Ballinger Charitable Trust for three years, which would be managed by Tees, Esk and Wear Valley (TEWV) Trust. Work was being carried out with TEWV to look at service development and partnership working. The hub would provide a first level of information for people living with dementia and their carers, triaging individual needs for information and support. Where a person required information and support beyond that offered by hub staff, signposting/referrals to specialist services would be undertaken.

The Panel was appraised of work that the Public Health Team had been undertaking with

Ageing Better Middlesbrough, in particular looking at potential ways in which barriers to access for older people utilising services could be addressed. Reference was made to a luncheon club for older people that had been very well attended. Members of the Public Health team were able to attend sessions and deliver public health messages and other activities, such as chair-based exercises, which helped to break down barriers to access whilst concurrently helping to reduce feelings of loneliness and/or social isolation.

Reference was made to the Chinese community and the opportunities that had been pursued by Public Health, e.g. offering healthy heart checks, referrals to Abdominal Aortic Aneurysm (AAA) screening, walking groups, and use of the gym at The Live Well Centre. It was felt that this had been a very positive piece of work.

The Panel was advised that The Live Well Centre Age Well Steering Group had been established to help improve the offer at The Live Well Centre for older people by ensuring that services were highly accessible, and that activities or advice was of value to them. The group included representatives from Public Health, Ageing Better Middlesbrough, Adult Social Care and Voluntary Sector Organisations. The group worked collaboratively to mobilise and develop provision across five priority areas, for older adults aged 50 years and over. These were: 'Reducing loneliness and isolation'; 'Mental Wellbeing and Independence'; 'Keeping Safe and well'; 'Healthy lifestyles'; and 'Supporting complex and additional health and wellbeing needs'. Work would be undertaken to develop service user representation further. The group did discuss matters such as physical activity for older people and reducing barriers to access. A suggestion had been made for a 'meet and greet' event for older people that would allow them to view the gym and cooking facilities at The Live Well Centre, which was currently being explored.

Members heard that Public Health teams were currently working in partnership with Ageing Better Middlesbrough, Middlesbrough Council and other key organisations in respect of an Age-friendly Middlesbrough initiative. Ageing Better Middlesbrough was leading on the initiative and had allocated funding from the big lottery to achieve the vision of making Middlesbrough an Age-friendly Town, where older people could lead healthier and happy lives. The application was due to be submitted to the World Health Organisation (WHO) shortly. There were eight domains, or theme areas, that needed to be considered when planning for an age-friendly community: 'Transport'; 'Housing'; 'Social participation'; 'Respect and social inclusion'; 'Civic participation and employment'; 'Communication and information'; 'Community support and health services'; and 'Outdoor spaces and buildings'. It was explained to the Panel that Ageing Better Middlesbrough's steering group had identified some priority areas of what needed to be looked at; matters raised included transport, sensory loss and intergenerational activities. The steering group had also discussed access to public toilets. Regarding the latter, a Member commented that many older people may have 'mapped out' their shopping trips to ensure that a toilet was close by when needed; carers may have also 'mapped out' visits to the town too. Other towns and cities offered toilet maps and, although the Council offered a map in respect of accessible toilets/changing places, a map of general toilet facilities was not currently offered.

Members discussed matters pertaining to seating, with reference being made to a 'Take a Seat' campaign. Part of this was about encouraging businesses to sign up to allow people to 'take a seat' on branded furniture, have a glass of water and use the toilet. Having appropriate seating in place was felt to be a particularly important issue in terms of supporting older people during visits to the town centre.

A discussion ensued regarding Ageing Better Middlesbrough, the project work that had been undertaken and the events that had been held. Mention was made of the community newsletter that the organisation published. A Member suggested that it would be useful to invite the Programme Manager to a future meeting in order to receive an update, as well as details pertaining to the continuation of service delivery following programme cessation in March 2021.

The Panel discussed issues pertaining to transport. Members were advised that a transport resource was currently being devised, which would potentially include transport links and Bridge Card use. A transport guide had been prepared for consultation purposes, which

would hopefully feed into a wider Tees Valley programme. The availability of transport after 18:00 was an issue that had been raised previously. The Panel considered different community projects and whether volunteer drivers would be able to assist in this regard.

A Member referred to paragraph 7.4 of the submitted briefing note. A discussion ensued in respect of intergenerational activities and events, the different values held by different generations, and the impact that intergenerational activity could have on older people.

The Chair thanked the Health Improvement Practitioner (Ageing Well/Dementia) for her attendance and contribution to the meeting.

**AGREED that:**

1. **The Democratic Services Officer would follow-up the suggestion for Dementia Awareness training for Elected Members;**
2. **The Democratic Services Officer would invite Ageing Better Middlesbrough's Programme Manager to a future meeting; and**
3. **The information, as presented, be noted.**

19/32 **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 14 November 2019.

**NOTED**

19/33 **DATE OF NEXT MEETING - WEDNESDAY, 22 JANUARY 2020**

The next meeting of the Adult Social Care and Services Scrutiny Panel had been scheduled for Wednesday, 22 January 2020.

**NOTED**