

ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL

A meeting of the Adult Social Care and Services Scrutiny Panel was held on 22 January 2020.

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

OFFICERS: S Lloyd, C Lunn and E Scollay.

APOLOGIES FOR ABSENCE Councillor Purvis.

DECLARATIONS OF INTERESTS

There were no Declarations of Interest.

19/34 **MINUTES - ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL - 18 DECEMBER 2019**

The minutes of the Adult Social Care and Services Scrutiny Panel meeting held on 18 December 2019 were submitted and approved as a correct record.

Members were directed to page one of the minutes and advised that, due to the existing Vice-Chair's resignation from the Council, Councillor Hill's appointment as interim Vice-Chair had, as per the Panel's agreement, become permanent until the end of the Municipal Year.

Members briefly discussed the importance of seating in the town centre, as referenced on page seven, paragraph five of the minutes, and the need for additional facilities.

Regarding the agreed actions on page eight, Members were advised that these had been followed up as appropriate; responses were currently awaited.

19/35 **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 Panel heard that in the time since the last update had been provided, phase two of a Single Point of Access (SPA) project had been initiated. The aim of the SPA was to co-locate social care and a range of health services by creating a single access point for referrals to both areas. This facilitated contact for anyone expressing concerns, such as a GP or member of the public, and also allowed co-located professionals to determine next steps for received referrals on one site. The facility was located on Daisy Lane in Redcar and provided access to both Middlesbrough's and Redcar and Cleveland's Adult Social Care teams, as well as a number of nursing resources, including Community Nurses.

Cross-trained call handlers, employed on behalf of both the healthcare economy and social care, were now in place to receive referrals and make initial determinations. This process was undertaken in collaboration with on-site professionals, including Nurses, Occupational Therapists, qualified Social Workers and mental health professionals. The service operated in a more holistic and joined-up way, which would provide a key stepping stone for integration/partnership work.

In response to an enquiry, it was clarified that any individual could contact the service. Call handlers responded to enquiries/referrals on a case-by-case basis, using a range of on-site resources to assist with this process.

A Member provided case study details of a very positive experience of the SPA and congratulated those providing the service for their effective and efficient work. In response to a comment made regarding home appointments with a Social Worker, it was indicated that if information to suggest that a home appointment was necessary, this would be undertaken.

In addition to the SPA initiative, work continued in respect of Primary Care Networks (PCNs).

PCNs consisted of groups of GP practices joining together to undertake a collaborative approach. PCNs received additional funding from the NHS to provide pharmacy support, half-day Clinical Director time to focus on consistency of standards, funding for each patient registered within the respective PCN, and funding for social prescribing staff. Should any GP practice not wish to be in a PCN, all of their patients would continue to be a registered patient at their practice, but would be allocated to a network.

Three PCNs had been established in Middlesbrough (four in Redcar and Cleveland), which included all of Middlesbrough's GP practices, and Clinical Directors had been appointed. Reference was made to Directed Enhanced Services (DES). Enhanced Services were nationally negotiated services that were to be provided in addition to those provided under usual contracts, which the local Clinical Commissioning Group (CCG) was obliged to commission in order to fulfil the contract and receive the additional funding. DES provided details of additional responsibilities around specific themes/areas, i.e. supporting care homes, personalised care, social prescribing, and cooperation with other agencies to support the needs of the population of their respective PCN. The national response to DES requirements indicated that they were quite demanding in terms of the additional funding amounts allocated.

Bringing the SPA and PCN initiatives together, Members were advised that the two would link in closely. It was felt that in order to achieve the most positive results for local communities, coordination of resources was required. In this regard, meetings had been taking place between the professionals involved to ascertain how this could best be achieved. It was hoped that the DES and PCNs would facilitate work with GPs, and allow for focus on activity to support people within communities to prevent hospital admissions. This was considered a time of significant change, and it was hoped that further developments around coordinated working between social care, community nursing and GP practices could be achieved.

In response to an enquiry regarding the PCNs in Middlesbrough and the GP practices allocated to each of these, the Director of Adult Social Care and Health Integration would circulate a document that identified/mapped these.

PCNs were based on population size, circa 50,000 of the population per network. Reference was made to geography and the differences between the Middlesbrough and Redcar and Cleveland areas in the establishment and operation of the networks.

The Panel heard that, since the last update, the structure of the local CCG had changed. Although previously planned to incorporate Tees and Durham into one body, confirmation had been received that a single Tees Clinical Commissioning Group would be established. Following the separation of Durham and Tees, a Chief Operating Officer had been appointed to lead the Tees-focused CCG, who would take up the role in February 2020.

Regarding the overarching concept of social care and health integration, the Panel was advised that a system leaders group met on a monthly basis to discuss areas of focus. At its most recent meeting, the group had considered the notion of integration and the relevance of structural integration if improvements were not being made to the welfare of the individuals accessing services. Members heard that, in essence, all services from health and social care worked with each other at some level and, regardless of how these services were merged or structured, this would make no difference to clients unless it affected outcomes for them. Consequently, the group had taken the decision to formulate a clearer statement on behalf of the organisations represented as to what this actually meant in terms of integration. Reference was made to a statement prepared by a neighbouring authority which had indicated that health and social care would not be integrated, but services would instead work more closely together. Consideration was given to the often contradictory pressures and challenges facing the organisations in the different sectors, and how effective this was to service provision.

In response to an enquiry regarding performance measurement, it was explained to the Panel that focus would be on key outcome areas. This year, the system leaders group had chosen to concentrate on the coordination and effectiveness of work between PCNs, Social Workers and community nursing, and also on working with care homes. It was explained that there was a large care home population in Middlesbrough and Redcar and Cleveland, and there

was an ongoing issue with the number of (unexpected) admissions into the acute hospital from care homes. Work on some indicators around enhanced support to care homes, which aligned with the PCN/DES work currently being undertaken. A further piece of work that Public Health was currently undertaking focused upon 'Population Health Management', which was concerned with better understanding the data and trends within the local population around health. It was felt that a more sophisticated way of measuring success would be built-in as work in these areas progressed.

In response to an enquiry, it was explained that discussion had specifically taken place in respect of care homes and unplanned hospital admissions because there was a DES focused upon support to care homes. In addition, there were a number of statutory measures that the Local Authority was required to report to central government against, one of which was concerned with unexpected admissions into hospital. This reporting mechanism was incorporated into general day-to-day work, which would also take into account unplanned hospital admissions arising from independent supported living or extra care housing facilities.

A brief discussion ensued in relation to people recovering from stroke and the support provided to them. Members heard that this was very much determined on a case-by-case basis: some people required high levels of support, others a low level. In terms of accommodation, if the respective individual held mental capacity, it was their decision as to where they would live.

A Member commented on the care home population and queried the potential outcome if all care homes reached full capacity. In response, the Panel heard that Middlesbrough had always been a national outlier for the percentage of population living in care homes. In 2015, the numbers had started to decrease, but since that time, had gradually began to rise again. This was seen as being reflective of the general health demographics of the town.

The care home market was independent and demand-led, consequently if additional facilities were required, it was likely that they would be provided. Care homes, however, were commercial ventures and therefore needed to be financially viable. It was explained to Members that there were two types of care homes: residential care homes and nursing homes. Nursing home providers received an additional flat rate supplement from the NHS to fund the nursing component of care, which some providers had indicated was unreflective of the additional work and pressures faced, such as recruiting nursing staff. Although nursing home provision did face pressures, the number of individuals requiring nursing care had reduced since 2015, so although the need for residential care had increased, the need for nursing care had decreased. One reason for this could have related to changes in decision-making around eligibility for (NHS) nursing care funding.

A Member queried whether the Local Authority would be responsible for paying care home fees if an ordinary resident of Middlesbrough moved to a care home outside of the borough. In response, it was explained that, for example, if an individual was assessed as requiring nursing care and the Local Authority funded their care, should that resident wish to move to a nursing home outside of the area, if Middlesbrough Council was making the placement on their behalf, that would be arranged and payment would continue as normal because ordinarily that person was a Middlesbrough resident. However, if an individual was assessed as requiring nursing care, but they were self-funding their place, held significant savings and they/their family were/was independently arranging for them to move outside of the borough, once their available funds had reduced down to the threshold where a Local Authority would start paying, the respective authority would be responsible for the payment of fees because, ordinarily, that person would be a resident of that borough as they had moved there independently of their own volition.

In response to an enquiry regarding the criteria for moving a person from residential to nursing care, it was explained that this would be determined by NHS assessment.

A discussion ensued regarding the number of unplanned hospital admissions from care homes. Consideration was given to nursing home provision; the experience and potentially the confidence around decision-making; care home regulation and safeguarding procedures; the creation of linkages between specific GP practices and specific care homes, which was

part of the PCN initiative; and expectations around DES and GPs visiting care homes and undertaking reviews. A significant amount of work was being undertaken to help reduce the occurrence of unnecessary hospital admissions.

The Chair thanked the Director of Adult Social Care and Health Integration for his attendance and contributions to the meeting; the Director left the meeting at this point.

NOTED

19/36

PHYSICAL ACTIVITY FOR OLDER PEOPLE (AGED 65+) - PROGRESS AND NEXT STEPS

The Panel discussed the progress made to date in respect of the investigation, and considered next steps.

Members were advised that walking sessions continued to take place at Middlesbrough Sports Village. Currently taking place on Mondays, Wednesdays and Fridays due to the winter season, it was anticipated that daily sessions (Monday to Friday) would recommence in March/April 2020.

The Advanced Public Health Practitioner advised that a monthly programme of history walks was anticipated to commence in February 2020. Participants would meet at the Town Hall before undertaking a 90 minute themed walk. Walks would be open for all to attend.

Members discussed the information provided to date, and agreed that the terms of reference for the scrutiny investigation had been met; no further evidence from invited representatives was required. The Panel was advised that some information was currently awaited from officers in Growth and Place. Once received, preparatory work would commence on the Panel's draft final report.

The Panel was advised that the Local Authority had recently had 'Access Fund' funding extended by the Department of Transport for a 12-month period. It was explained that this funded local sustainable travel programmes, the active travel hubs in Middlesbrough and Redcar and Cleveland, and the personalised travel programme, which was delivered by Darlington Borough Council on behalf of the five Local Authorities.

A pilot project in respect of 'Demand Responsive Transport' was currently taking place. Although predominantly rural-based, the pilot was looking at the potential for an on demand bus service.

A Member commented on the need for a resource that identified what activities were available to individuals, when they were scheduled to take place, and how they could be accessed. Members discussed travel/transport issues (e.g. bus companies working specific sections/boundaries, and a lack of transport after 18:00), and the impact that these had on accessibility to some planned activities.

A lengthy discussion ensued in respect of funding and sustainability of activity programmes. It was felt that physical activity suffered from short-term funding, for example: exercise classes may have only received funding for a six-week period, which could have resulted in feelings of disappointment and a lack of interest in further activities. Consideration was given to the need for commercial facilities to be financially viable; the use of community facilities/buildings; community asset transfers; free/reduced cost activities; public sector procurement and tendering; bid writing/funding applications; and provision of activities by the voluntary sector.

The Panel heard that, since the last meeting on 18 December 2019, the Sport and Client Relationship Manager had been seconded to undertake his role within the Culture and Communities directorate.

NOTED

19/37

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 9 January 2020.

NOTED

19/38 **DATE OF NEXT MEETING - WEDNESDAY, 19 FEBRUARY 2020**

The next meeting of the Adult Social Care and Services Scrutiny Panel had been scheduled for Wednesday, 19 February 2020.

NOTED

19/39 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

Social Activity - Hemlington Community Hub

Councillor Walker advised that, in collaboration with Age UK Teesside, Monday morning social events would be held at Hemlington Community Hub. Initially, these would take place for six weeks, commencing 17 February 2020, in order to ascertain interest. The purpose was to invite residents to visit between 10:00-12:00 to socialise, play board games, enjoy a packed lunch with company, etc. It was felt that this initiative highlighted the importance of partnership working to achieve positive results for the residents of Middlesbrough.

NOTED